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ABSTRACT

This manual consists of reproducible forms that were collected or developed to represent the vast assortment of forms that may be encountered in the transaction of one's personal finances and related affairs. The items represent typical forms encountered by a resident of Pennsylvania, based on a review of forms collected throughout the Commonwealth. Suggested teaching activities and a list of 100 most frequently used words, abbreviations, and word groups have been included. All forms are printed to exact size specifications. They include employment application; employee's withholding allowance certificate; insurance enrollment form; time card; payroll check; W-2 wage and tax statement; savings account passbook, deposit slip and withdrawal slip; check register; checks; checking account statement; money order; credit card application; loan application; apartment lease; rent receipt; budget planning forms; cash register receipt; gift certificate; U.S. savings bond; income tax return forms; and driver's license renewal application. (YLB)

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PERSONAL FINANCES

INSTRUCTIONAL AIDS

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U.S. DEPARTMENT OF EDUCATION
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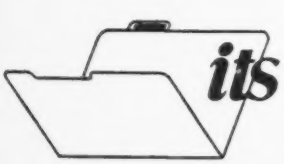

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PERSONAL FINANCES INSTRUCTIONAL AIDS

TEACHER REFERENCE GUIDE

INTRODUCTION

All adults encounter many forms throughout their lives, particularly in managing personal finances and activities of daily living. How successfully an individual utilizes these forms is built upon a variety of learned skills and experiences. Each of us has faced the dilemma of how to complete a form accurately when we did not completely understand the purpose of the form or the specific information it was requesting. While we sit and stare at the blank lines, then insert the information we think is correct, other individuals simply put the form aside rather then tolerate this frustration.

Adults with poor reading abilities face an impossible challenge with every request for written information. Forms are avoided whenever possible by these individuals, whether the form is a job application, a personnel check, a rental application or a banking slip. As a result of this avoidance behavior, their ability to sustain a maximum level of independence in their community is significantly diminished.

Current commercial materials do not adequately address the instructional needs of adult learners in this area of activities for daily living. Adult education teachers and tutors are faced with the difficult task of presenting age-appropriate materials that are not readily available in sufficient quantity for instructional purposes.

The accompanying manual consists of reproducible forms which were collected or developed to represent the vast assortment of forms that may be encountered in the transaction of one's personal finances and related affairs. The items presented in the manual represent typical forms encountered by a resident of Pennsylvania, based on a review of forms collected throughout the Commonwealth.

To assist the first time user, suggested teaching activities have been provided on the following pages and a list of 100 most frequently used words, abbreviations and word groups has been included at the end of this guide. Articles and prepositions have been omitted from this list.

WHERE TO START

During the development of this manual the author recognized that penmanship is equally as important as comprehending the purpose of the form and the ability to read instructions. All forms presented in the manual have been printed to exact size specifications. Two variations of practice forms (samples 1 and 2) have been included to assist students in the development of legible penmanship.

On Practice Form, Sample 1, the student must develop the ability to insert personal information in boxed areas of defined length. Three variations of size are presented enabling the student to practice inserting the required information.

On Practice Form, Sample 2, the student is given the opportunity to develop the skill of inserting alphabetic and numeric characters in specific boxes adjacent to the label of information requested. Again, three variations of size are presented to assist in developing refined penmanship skills.

Frequent practice using these forms has many benefits, including: 1) overall improvement in the neatness of their efforts; 2) improvement of their confidence in filling out forms; and 3) improvement in the accuracy of the information written.

WHAT TO DO NEXT

Observation and contact with individual students can provide valuable diagnostic information. Little is required in the way of diagnostic materials. Oral reading, silent reading, group discussion of each form, individual work activities, and selection of locally used forms are but a few of the situations in which teachers can informally obtain diagnostic data.

Essentially, the teacher must seek answers to the following questions:

1. How does the student approach the task of reading forms?
2. How does the student attack unfamiliar and difficult words?
3. How does the student respond to instructional help?
4. How does the student feel about reading and filling out forms?
5. Does the student have specific difficulties?
6. What progress is the student making?
7. What conditions are causing the student's difficulty in completing forms?
8. Which of these conditions can be modified?

COMPREHENDING THE PURPOSE OF FORMS

Group discussion of the purpose of each form is a practical approach to developing the adult student's understanding of why particular items of information are being requested or are being provided on the form.

Understanding the information supplied on a grocery receipt, for example, can provide important assistance in future budgeting activities. Not only can it be determined whether or not the amount charged is correct, but spending habits for groceries, produce, and personal items can be determined.

TEACHING CATEGORIES OF INFORMATION

Many of the forms are divided into specific categories of information. Attention drawn to identifying these categories and the purpose of each category will gradually assist the student to identify similar categories of information on more complex forms and forms used in the individual's local area.

One approach to teaching the completion of forms can focus on developing skills to complete a specific category of information, then practice completing this category on a variety of forms.

For example, teach the student to identify where the following items are found on one form: 1) first name; 2) last name; 3) middle initial; 4) street address; 5) city and state of residence; and 5) zip code. When the student can locate the labels for the information requested correctly, have the student write the information in the appropriate spaces. Select another form and again have the student identify where this information is being requested, then write the information completely.

Another category of information that frequently appears on forms is telephone number, date of birth, age, and social security number. Again teach this as a particular category of information and provide the student with a variety of activities to find the category on other forms.

VOCABULARY DEVELOPMENT

A sight word approach to teaching the identification of vocabulary found on each form is suggested as the best approach to developing reading skills related to using forms. The list provided on the following page identifies the most frequently appearing words, abbreviations, and word groups.

Prepare a set of word cards for each student. As the student learns to identify each word on sight, have the student add the word card to a set for later reference. The student can use the word cards to locate where to insert information.

When introducing a new form, reproduce the form for overhead projection. Have students match word cards to the word's location on the enlarged form.

As the students demonstrate the ability to identify vocabulary on sight, train them to supply a definition for the word. Associating meaning to less difficult vocabulary words will help the students understand and recognize more difficult words which often have complex meanings.

USE THE MANUAL AS A REFERENCE GUIDE

The forms found in this manual or forms of similar content will be found throughout one's life. Develop a portfolio of correctly completed forms and train the student to use the portfolio as a reference guide during teaching activities. This approach will encourage the students to use the portfolio independently later in life.

100 MOST FREQUENTLY APPEARING WORDS

account
add
address
age
agreement
amt. (amount)
application
apply
apt. (apartment)
authorize
balance
below
birth
certify
city
complete
correct
county
credit
date
day
dependent
description
earnings
eligible
employed
employee
expiration
first (first name)
gross
home
identification
income
individual
information
initial
ink
instructions
interest
issued
item
knowledge
last (last name)
less
license
list
male
married
middle (middle name)
mo. (month)
monthly
mortgage
name
net
no. (number)
notice
occupation
overtime
own
payment
per
phone
policy
present (present address)
previous (previous address)
print
provide
purchase
rate
regular (regular earnings)
rent
request
require
reverse
salary
savings
social security
send
sex
sign
signature
single
space
spouse
state
statement
street
subject
sum
telephone no.
terms
time
total
true
vehicle
wages
withheld
year
yr. (year)
zip code

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	Budget by Month (Part 2)
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44.	Cash Register Receipt

FORM NO.	FORM TITLE
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46.	Promissory Note
47.	U.S. Savings Bond
48.	Selective Service Registration Form
49.	PA Individual Income Tax Return--Short Form
50.	1040EZ Income Tax Return
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52.	Application for Learner's Permit
53.	Driver's License Renewal Application (Sample 1)
54.	Driver's License Renewal Application (Sample 2)
55.	Vehicle Title Transfer

PENMANSHIP DEVELOPMENT

PRACTICE FORM (sample 1)

APPLICANT INFORMATION									
LAST NAME					FIRST NAME			MIDDLE INITIAL	
STREET ADDRESS					CITY		STATE	ZIP	
DATE OF BIRTH	MONTH	DAY	YEAR	Present Age	PLACE OF BIRTH	CITY			STATE
SOCIAL SECURITY NO.		TELEPHONE NO. ( )			ARE YOU EMPLOYED ☐ YES ☐ NO		DO YOU HAVE A DRIVER'S LICENSE? ☐ YES ☐ NO		
NAME OF HIGH SCHOOL									
STREET ADDRESS					CITY		STATE	ZIP	

APPLICANT INFORMATION									
LAST NAME					FIRST NAME			MIDDLE INITIAL	
STREET ADDRESS					CITY		STATE	ZIP	
DATE OF BIRTH	MONTH	DAY	YEAR	Present Age	PLACE OF BIRTH	CITY			STATE
SOCIAL SECURITY NO.		TELEPHONE NO. ( )			ARE YOU EMPLOYED ☐ YES ☐ NO		DO YOU HAVE A DRIVER'S LICENSE? ☐ YES ☐ NO		
NAME OF HIGH SCHOOL									
STREET ADDRESS					CITY		STATE	ZIP	

APPLICANT INFORMATION									
LAST NAME					FIRST NAME			MIDDLE INITIAL	
STREET ADDRESS					CITY		STATE	ZIP	
DATE OF BIRTH	MONTH	DAY	YEAR	Present Age	PLACE OF BIRTH	CITY			STATE
SOCIAL SECURITY NO.		TELEPHONE NO. ( )			ARE YOU EMPLOYED ☐ YES ☐ NO		DO YOU HAVE A DRIVER'S LICENSE? ☐ YES ☐ NO		
NAME OF HIGH SCHOOL									
STREET ADDRESS					CITY		STATE	ZIP	

PRACTICE FORM (sample 2)

APPLICANT INFORMATION

Name

Address

City State Zip -

Telephone No. - - Date of Birth - - Age

School

Address

City State Zip -

APPLICANT INFORMATION

Name

Address

City State Zip -

Telephone No. - - Date of Birth - - Age

School

Address

City State Zip -

APPLICANT INFORMATION

Name

Address

City State Zip -

Telephone No. - - Date of Birth - - Age

School

Address

City State Zip -

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date _____

Name (Last Name First) _____ Soc. Sec. No. _____

Address _____ Telephone _____

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office machines can you operate? _____

Are you 18 years or older? Yes _____ No _____

EDUCATION

SCHOOL	*NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	*DID YOU GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? ☐ Yes ☐ No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____ SIGNATURE _____

Form **W-4** (Rev. January 1984)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1 Type or print your full name

2 Your social security number

Home address (number and street or rural route)

City or town, State, and ZIP code

3 Marital Status ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) . . . . . .

5 Additional amount, if any, you want deducted from each pay . . . . . $

6 I claim exemption from withholding because (see instructions and check boxes below that apply):

a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of **ALL** income tax withheld, **AND**

b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of **ALL** income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . . ▶ Year

c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Date ▶ , 19

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

U. S. SAVINGS BOND PAYROLL AUTHORIZATION 5

U.S. SAVINGS BOND PAYROLL AUTHORIZATION

I hereby authorize my employer _____
(Name of company or organization)

to withhold and set apart $ _____ from my pay each payday, beginning _____ 19 _____
I wish to purchase U.S. Savings Bonds—Series EE in the indicated denomination of _____

Have bonds issued registered as shown below:

OWNER

_____ ☐☐☐ – ☐☐ – ☐☐☐☐
(First) *(Middle)* *(Last)* *(Social Security No. - See NOTE)*

Address _____
(Street)

_____
(City) *(State)* *(Zip)*

CO-OWNER ☐ OR BENEFICIARY ☐ *(Check only one, if either is desired.)*

_____ ☐☐☐ – ☐☐ – ☐☐☐☐
(First) *(Middle)* *(Last)* *(Social Security No. - See NOTE)*

This authorization will continue in effect until I advise you to change or cancel it.

_____ _____
(Date) *(Signature of employee-purchaser)*

Blue Cross

GROUP APPLICATION CARD

Service Office for Both Plans

☐MR. ☐MS.	LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS			
CITY		STATE	ZIP
DATE OF BIRTH	MO. DAY YR.	SOC. SEC. No	PHONE No. ( )

☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED/DIVORCED

FOR OFFICE USE ONLY

IDENT. No.

GR NO	TR OT	AREA
PD TO	BC EFF	PR ST
T C		ORIG

Excepting for Medicare beneficiaries, married applicants must enroll spouse unless applicant is a member of a Blue Cross group where employer pays part or all of the charges

DEPENDENTS include only Applicant's Spouse and Eligible Dependent Children

NAME	SEX	DATE OF BIRTH MO	DAY	YR	CHECK RELATIONSHIP
	☐ Male ☐ Female				☐ Husband ☐ Wife
	☐ Male ☐ Female				☐ Child ☐ Stepchild
	☐ Male ☐ Female				☐ Child ☐ Stepchild
	☐ Male ☐ Female				☐ Child ☐ Stepchild

I AM EMPLOYED BY

EMPLOYER'S ADDRESS

DATE EMPLOYED | PAYROLL NO

EMPLOYER'S GROUP NO | EMPLOYER'S PHONE NO

If you and/or your spouse presently have Blue Cross coverage and/or Blue Shield coverage, give:

Group No. | Identification No | Location of Plan (City, State)

Do you wish the above coverage transferred to your Employer group? ☐ Yes ☐ No

Fill out this section if you or your dependents are covered under another group accident and/or health benefit plan:

INSURED'S NAME	INSURANCE CARRIER'S NAME	POLICY NUMBER	GROUP PROVIDING OTHER COVERAGE

Check the coverage(s) you desire

	CHECK ONLY COVERAGES AVAILABLE IN GROUP					
	HOSPITALIZATION	MEDICAL/ SURGICAL	MAJOR MEDICAL	DRUG	DENTAL	VISION
SUBSCRIBER ONLY						
SUBSCRIBER & DEPENDENTS						

THE FOLLOWING NOTICE DOES NOT APPLY IF YOUR GROUP HAS A WAIVER FOR PRE-EXISTING CONDITIONS. (PLEASE ASK YOUR GROUP LEADER OR BENEFITS ADMINISTRATOR IF THIS NOTICE APPLIES TO YOU.)

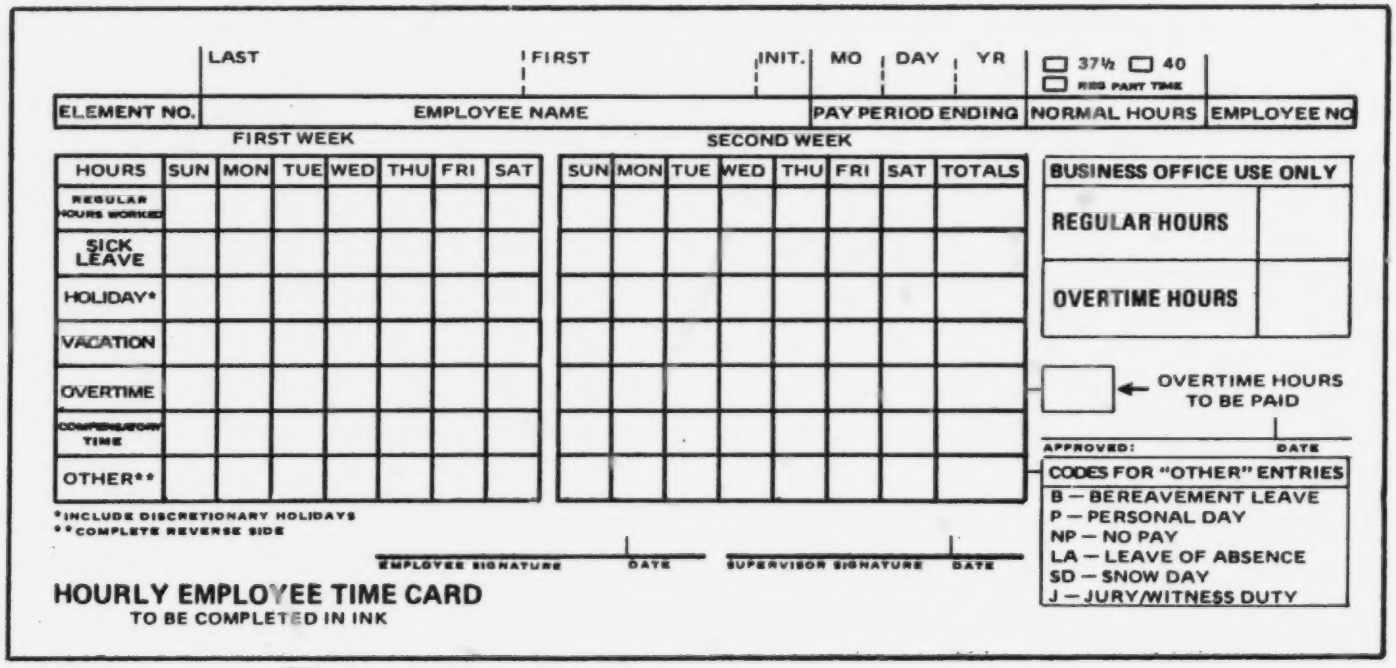
NOTICE TO NEW APPLICANTS: If you or any dependents have received medical care or advice within 90 days previous to your initial enrollment as a Hospitalization and/or Major Medical subscriber for a disease or physical condition, you, he or she will not be covered for such disease or physical condition until you, he or she has been covered for one year under this contract. This exclusion, however, only applies to a disease or physical condition for which medical care or advice has been received in the past 90 days. (This provision only applies so long as you are a group member.)

To: Blue Cross

I hereby apply for the coverage(s) checked above for myself and my eligible dependents listed on the other side. This application is subject to acceptance and to the waiting periods, exclusions and all other provisions contained in the Agreement(s) between my Employer, Association or Welfare Fund and you. I agree to pay my portion, if any, of the charges for this coverage(s) as billed. I direct the Employer named hereon, as my remitting agent, to deduct such portion from my wages or salary and remit it to the above named Plan(s).

SIGNATURE OF APPLICANT _____ DATE _____

This card must be submitted with your group's monthly remittance and/or subscriber activity report.



LAST | FIRST | INIT. | MO | DAY | YR | ☐ 37½ ☐ 40 REG PART TIME

ELEMENT NO. | EMPLOYEE NAME | PAY PERIOD ENDING | NORMAL HOURS | EMPLOYEE NO

FIRST WEEK — SECOND WEEK

HOURS	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
REGULAR HOURS WORKED															
SICK LEAVE															
HOLIDAY*															
VACATION															
OVERTIME															
COMPENSATORY TIME															
OTHER**															

*INCLUDE DISCRETIONARY HOLIDAYS
**COMPLETE REVERSE SIDE

EMPLOYEE SIGNATURE — DATE — SUPERVISOR SIGNATURE — DATE

HOURLY EMPLOYEE TIME CARD
TO BE COMPLETED IN INK

BUSINESS OFFICE USE ONLY	
REGULAR HOURS	
OVERTIME HOURS	

☐ ← OVERTIME HOURS TO BE PAID

APPROVED: DATE

CODES FOR "OTHER" ENTRIES
B — BEREAVEMENT LEAVE
P — PERSONAL DAY
NP — NO PAY
LA — LEAVE OF ABSENCE
SD — SNOW DAY
J — JURY/WITNESS DUTY

HOURLY EMPLOYEE TIME CARD

Week Ending _____

NAME	DEPARTMENT	SHIFT

EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER	PAYROLL CLASSIFICATION	FILE NUMBER

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR	OVERTIME
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTALS								

THIS FORM MUST BE RECEIVED IN PAYROLL BY _____ ☐ AM ☐ PM ON _____ EACH WEEK.	EMPLOYEE SIGNATURE DATE	Sent to Payroll _____ AM/PM on _____	DEPARTMENT SUPERVISOR DATE
	SUPERVISOR SIGNATURE DATE	Received in Payroll _____ AM/PM on _____	PAYROLL DEPARTMENT DATE

PAYROLL CHECK (sample 1)

AMERICAN INDUSTRIES INC.

EMPLOYEE NO.	EMPLOYEE'S NAME	SOCIAL SECURITY NO.	PERIOD ENDING	CHECK DATE	CHECK NO.

REGULAR HOURS	REG. RATE	REG. EARNINGS	O.T. HOURS	O.T. RATE	O.T. EARNINGS	CODE	OTHER PAY	GROSS PAY

FEDERAL W/H	F.I.C.A.	STATE W/H	AUTO DED. 1	AUTO DED. 2	CODE	MISC. DEDS.	NET PAY

Y.T.D. FEDERAL	Y.T.D. F.I.C.A.	Y.T.D. STATE	Y.T.D. DEDUCTIONS	Y.T.D. MISC. DEDS.	Y.T.D. GROSS

Nº 1001

AMERICAN INDUSTRIES, INC.

NON-NEGOTIABLE

DATE CHECK NO. CHECK AMOUNT

PAY
TO THE
ORDER
OF

AUTHORIZED SIGNATURE

PAYROLL CHECK

AMERICAN INDUSTRIES, INC. 3-1 / 310

NON-NEGOTIABLE

DATE	CHECK NO.	CHECK AMOUNT

PAY TO THE ORDER OF

AUTHORIZED SIGNATURE

STATEMENT OF EARNINGS & DEDUCTIONS
DETACH AND RETAIN FOR YOUR TAX RECORDS

PERIOD		EMPLOYEE NAME			EMPLOYEE NO.
HOURS WORKED	EARNINGS	SCHEDULED DEDUCTIONS	OTHER DEDUCTIONS	TAX DEDUCTIONS	YEAR TO DATE
REGULAR	REGULAR	NO. 1	NO. 0	FED. W/H	EARNINGS
OVERTIME	OVERTIME	NO. 2	NO. 1	FICA	FED. W/H
DOUBLE TIME	DOUBLE TIME	NO. 3	NO. 2	STATE W/H	FICA
	OTHER 0	NO. 4	NO. 3	LOCAL W/H	STATE W/H
	OTHER 1	NO. 5	NO. 4	ADV EIC PYMT	LOCAL W/H
	OTHER 2-4	NO. 6			CHECK NO.
TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	NET PAY

W-2 WAGE and TAX STATEMENT

1 Control number		OMB No. 1545-0008		
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number	
		5 Statutory employee ☐ Decreased ☐ Legal rep. ☐	942 emp. ☐ Subtotal ☐ Void ☐	
		6 Allocated tips	7 Advance EIC payment	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld	
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips	
		16		
		17 State income tax	18 State wages, tips, etc.	19 Name of State
		20 Local income tax	21 Local wages, tips, etc.	22 Name of locality

Form **W-2 Wage and Tax Statement 1985** Copy 1 For State, City, or Local Tax Department
Employee's and employer's copy compared ☐

DATE	MEMO	DEPOSIT	INTEREST	WITHDRAWAL	BALANCE FORWARD
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.
					Dep. or With.
					Bal.

SAVINGS ACCOUNT No. S

WITHDRAWALS	DEPOSITS	DATE	INTEREST	BALANCE

KEEP YOUR ACCOUNT GROWING–
But Above All, Keep Your Account.

SAVINGS ADDITION

NAME _____

ADDRESS _____

_____

DATE _____ 19____

ACCOUNT No. _____

ITEMS		DOLLARS	CENTS
CURRENCY			
COIN			
CHECKS (LIST SEPARATELY)			
TOTAL			
LESS CASH RETURNED			
TOTAL CREDIT			

24

'SAVINGS ACCOUNT DEPOSIT SLIP

14

25

SAVINGS WITHDRAWAL

DATE _____ 19___

ACCOUNT NO.

TYPE OF WITHDRAWAL REQUESTED

☐ CASH

☐ CHECK No. _____

AMOUNT OF WITHDRAWAL

DOLLARS	CENTS

NAME _____

STREET _____

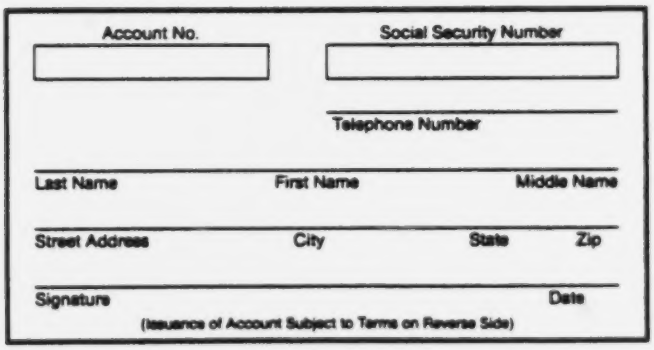
TOWN _____ STATE _____

X _____

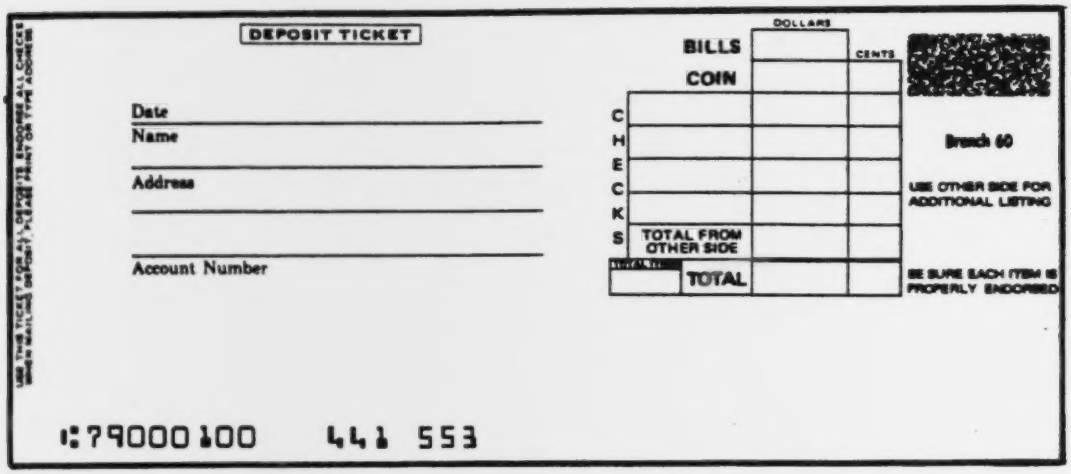
YOUR SIGNATURE

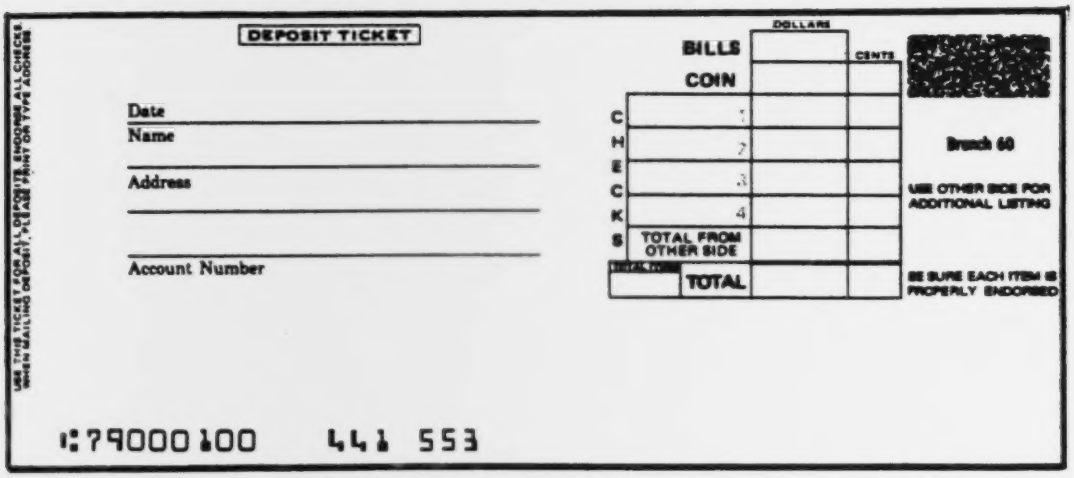
SIGNATURE CARD

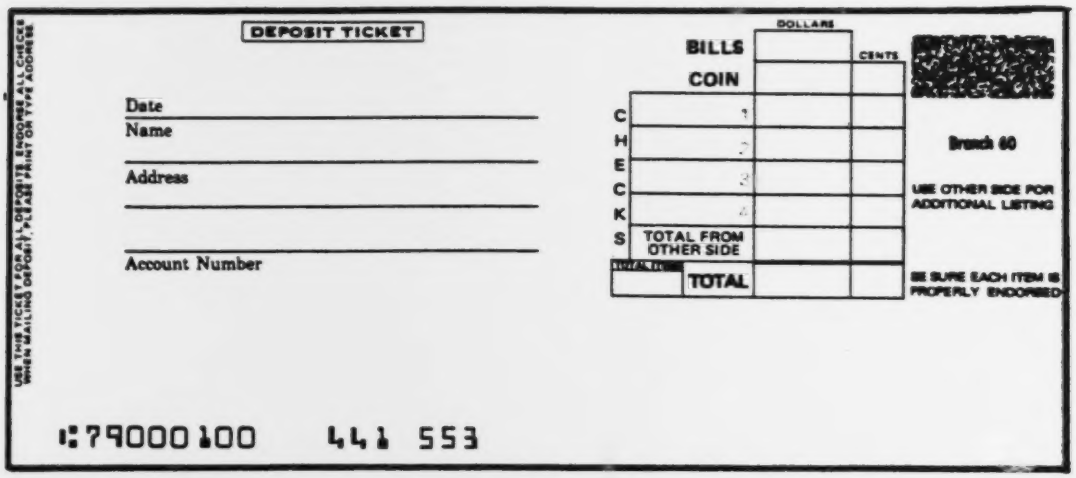
16



CHECKING ACCOUNT DEPOSIT SLIP

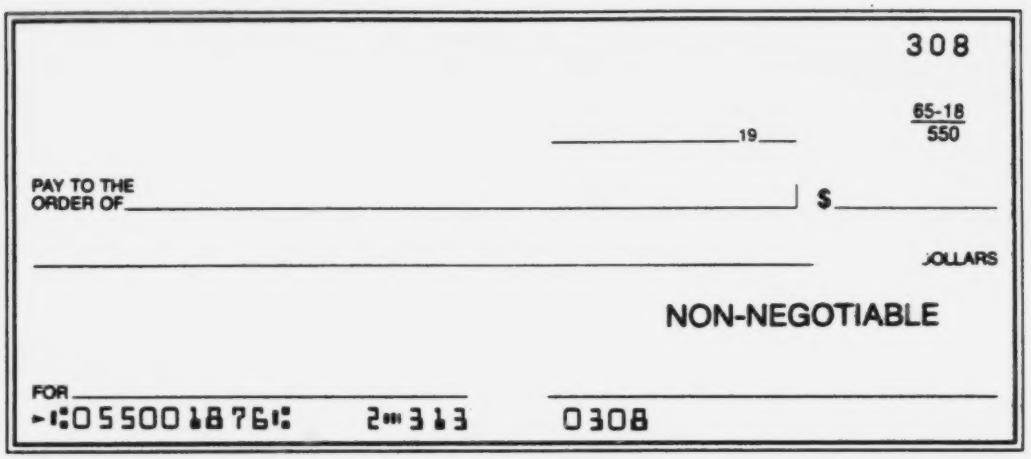






STANDARD PERSONAL CHECK

18


308

65-18
550

_____ 19___

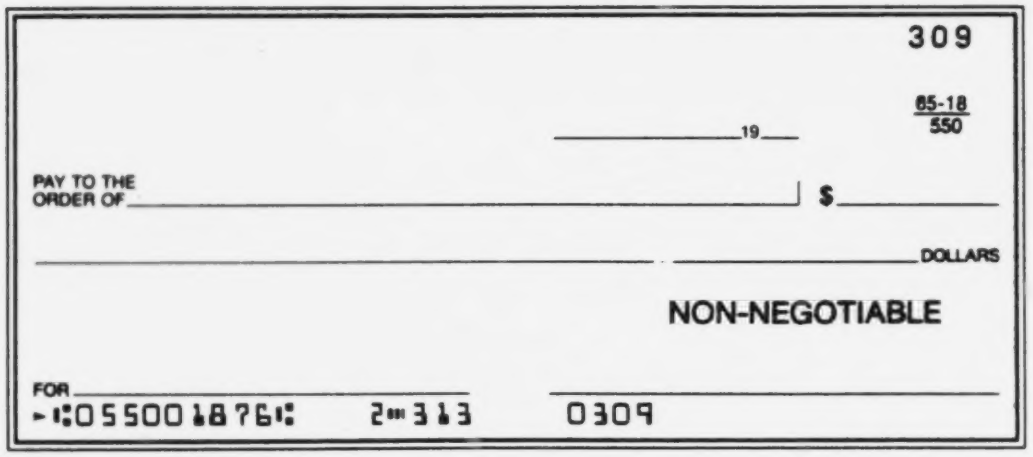
PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

NON-NEGOTIABLE

FOR _____ _____

⑆055001876⑆ 2⑈313 0308


309

65-18
550

_____ 19___

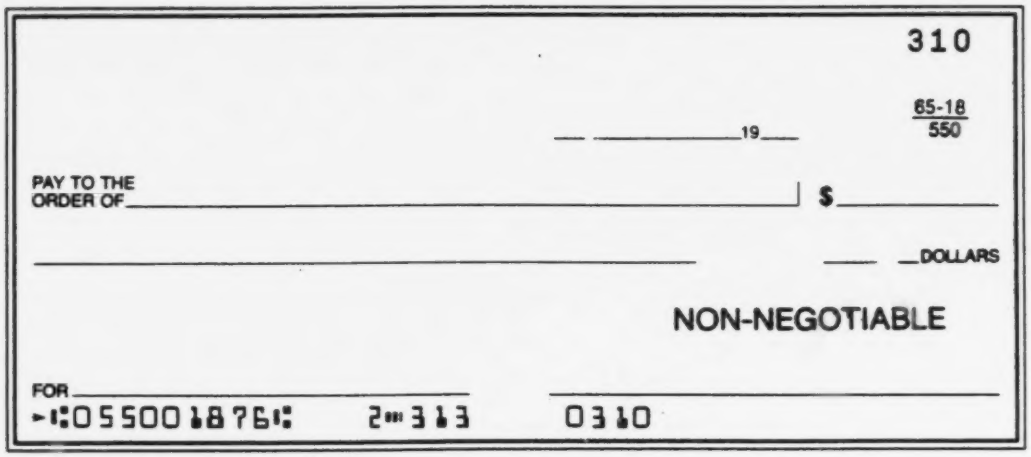
PAY TO THE ORDER OF _____ $ _____

_____ _____ DOLLARS

NON-NEGOTIABLE

FOR _____ _____

⑆055001876⑆ 2⑈313 0309


310

65-18
550

_____ 19___

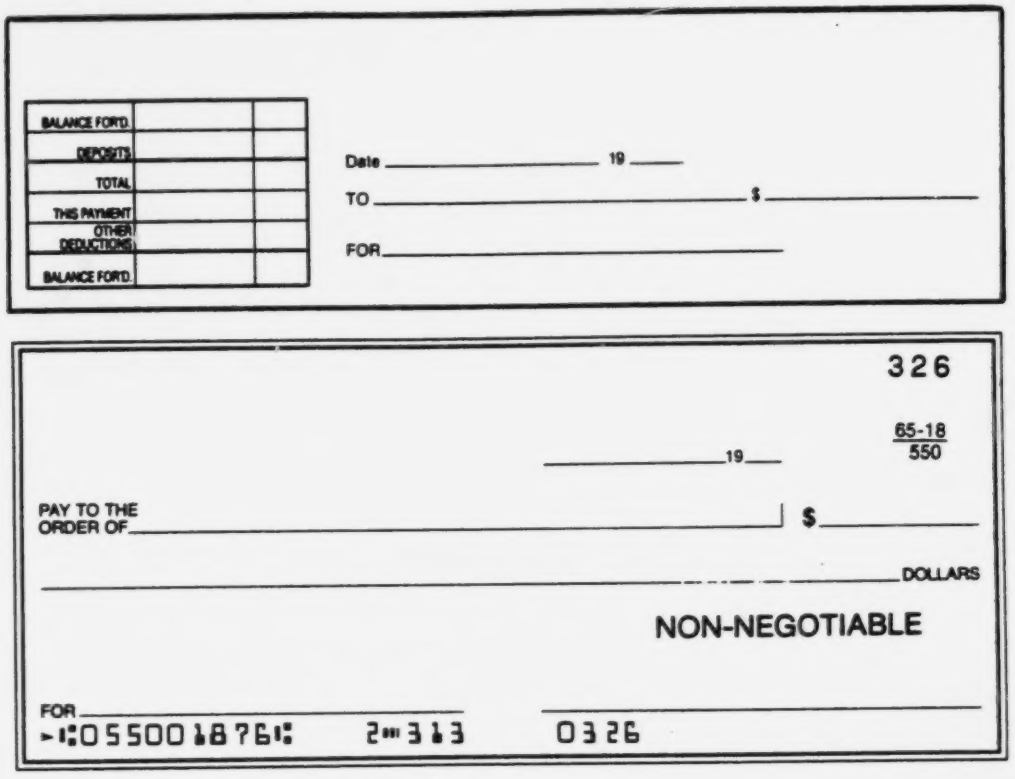
PAY TO THE ORDER OF _____ $ _____

_____ ____ DOLLARS

NON-NEGOTIABLE

FOR _____ _____

⑆055001876⑆ 2⑈313 0310



BALANCE FORD.		
DEPOSITS		
TOTAL		
THIS PAYMENT		
OTHER DEDUCTIONS		
BALANCE FORD.		

Date _____ 19 ____
TO _____ $ _____
FOR _____

326

65-18
550

_____ 19 ____

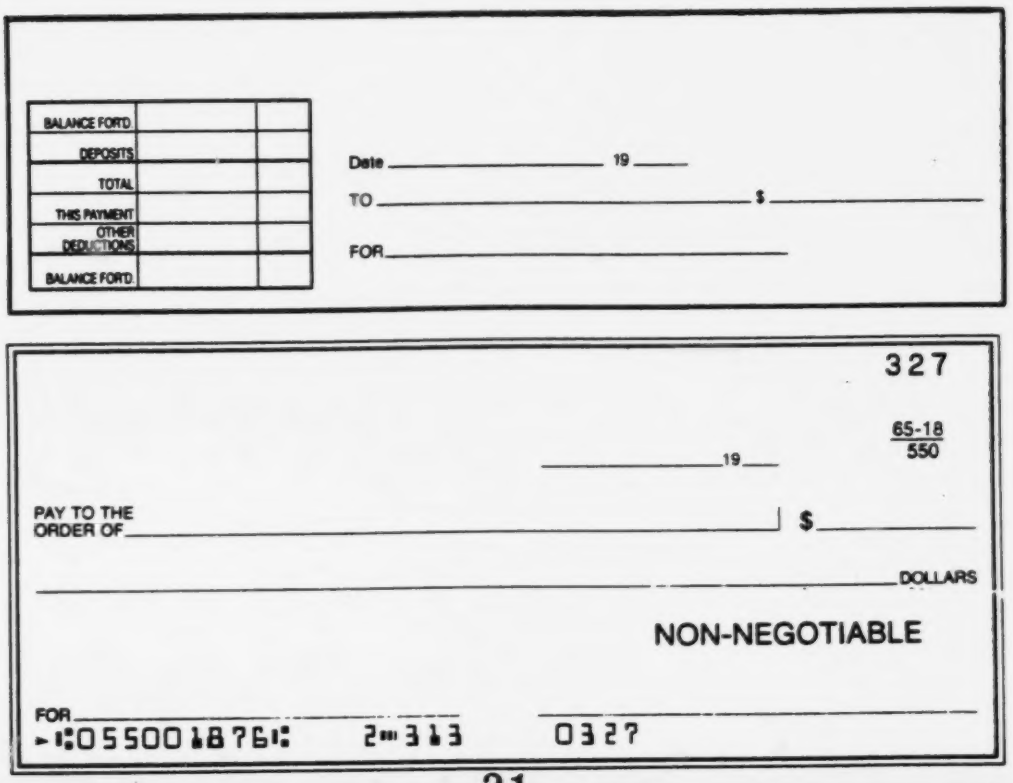
PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

NON-NEGOTIABLE

FOR _____

⑆055001876⑆ 2⑈313 0326



BALANCE FORD.		
DEPOSITS		
TOTAL		
THIS PAYMENT		
OTHER DEDUCTIONS		
BALANCE FORD.		

Date _____ 19 ____
TO _____ $ _____
FOR _____

327

65-18
550

_____ 19 ____

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

NON-NEGOTIABLE

FOR _____

⑆055001876⑆ 2⑈313 0327

CHECK REGISTER (sample 2)

20

TRANSACTION REGISTER		DEBITS			CREDITS		BAL. FWD.	
DESCRIPTION OF TRANSACTION		CHECKS PAYMENTS		✓	DEPOSITS INTEREST			
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
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ITEM NO	TO						+	
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ITEM NO	TO						+	
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ITEM NO	TO						+	
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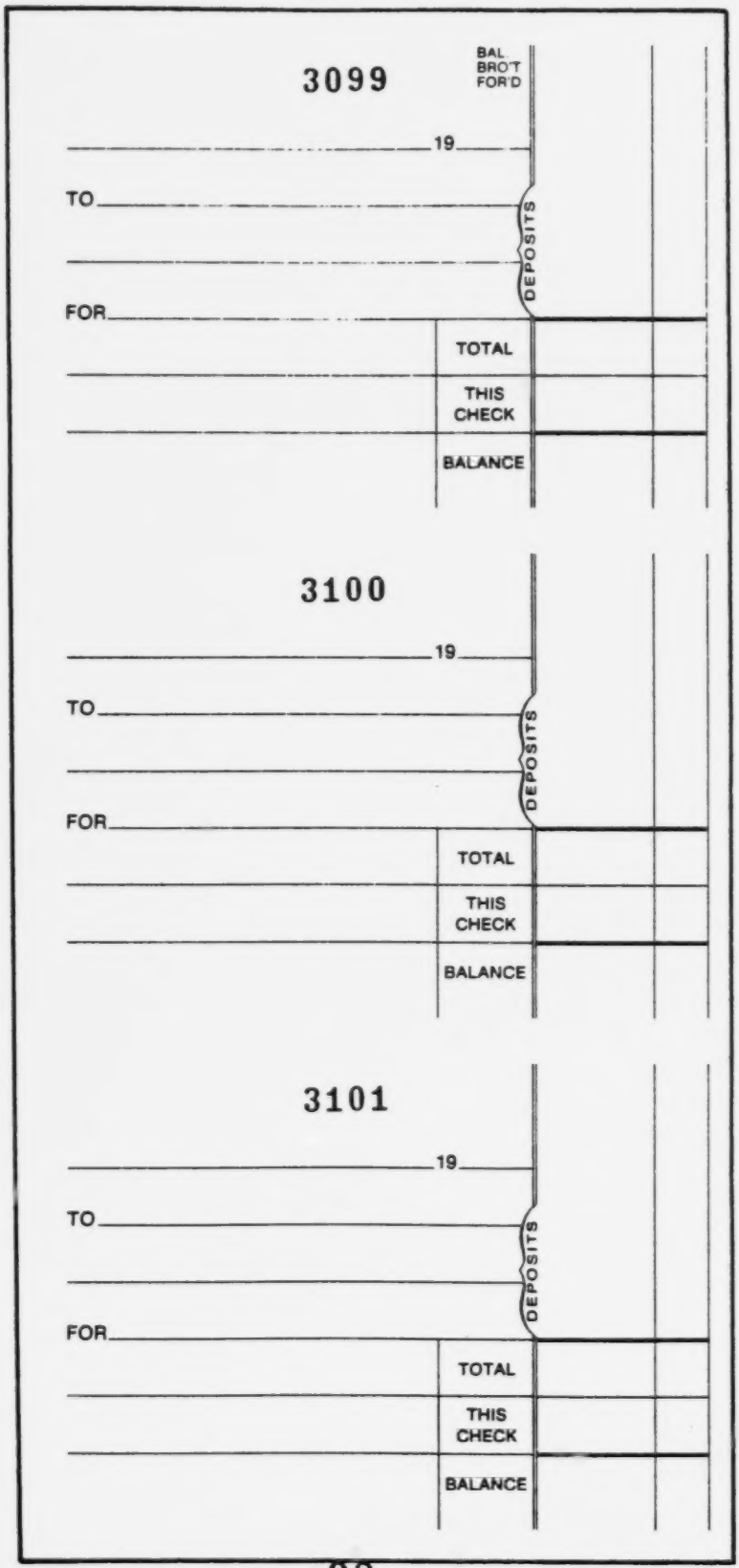
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	
ITEM NO	TO						+	
DATE	FOR						−	
							BAL	


3099
BAL BRO'T FOR'D
19
TO
DEPOSITS
FOR
TOTAL
THIS CHECK
BALANCE
3100
19
TO
DEPOSITS
FOR
TOTAL
THIS CHECK
BALANCE
3101
19
TO
DEPOSITS
FOR
TOTAL
THIS CHECK
BALANCE

CHECK REGISTER (sample 4)

	DEPOSITS CREDITS		No. ____	PAYMENT DRAFT	
BALANCE FORWARD					
DATE			19 ____ ORDER OF		
			No. ____		
			19 ____ ORDER OF		
			No. ____		
			19 ____ ORDER OF		
TOTAL DEPOSITS					
LESS PAYMENTS, DRAFTS					
BALANCE FORWARD			TOTAL PAYMENTS, DRAFTS		

No. 314

BALANCE BROUGHT FORWARD

_____ 19____

PAY TO _____

FOR _____

DEPOSIT _____

DEPOSIT _____

BALANCE

AMOUNT THIS CHECK

BALANCE

314

65-18
550

_____ 19____

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

NON-NEGOTIABLE

FOR _____

⑆055001876⑆ 2⑈313 0314

No 315

BALANCE BROUGHT FORWARD

_____ 19____

PAY TO _____

FOR _____

DEPOSIT _____

DEPOSIT _____

BALANCE

AMOUNT THIS CHECK

BALANCE

315

65-18
550

_____ 19____

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

NON-NEGOTIABLE

FOR _____

⑆055001876⑆ 2⑈313 0315

No 316

BALANCE BROUGHT FORWARD

_____ 19____

PAY TO _____

FOR _____

DEPOSIT _____

DEPOSIT _____

BALANCE

AMOUNT THIS CHECK

316

65-18
550

_____ 19____

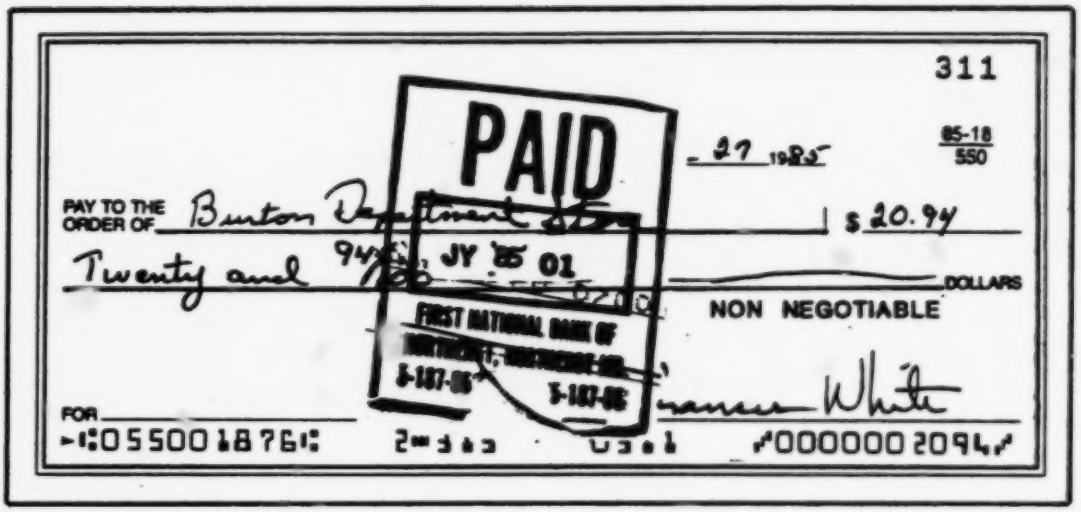
PAY TO THE ORDER OF _____ $ _____

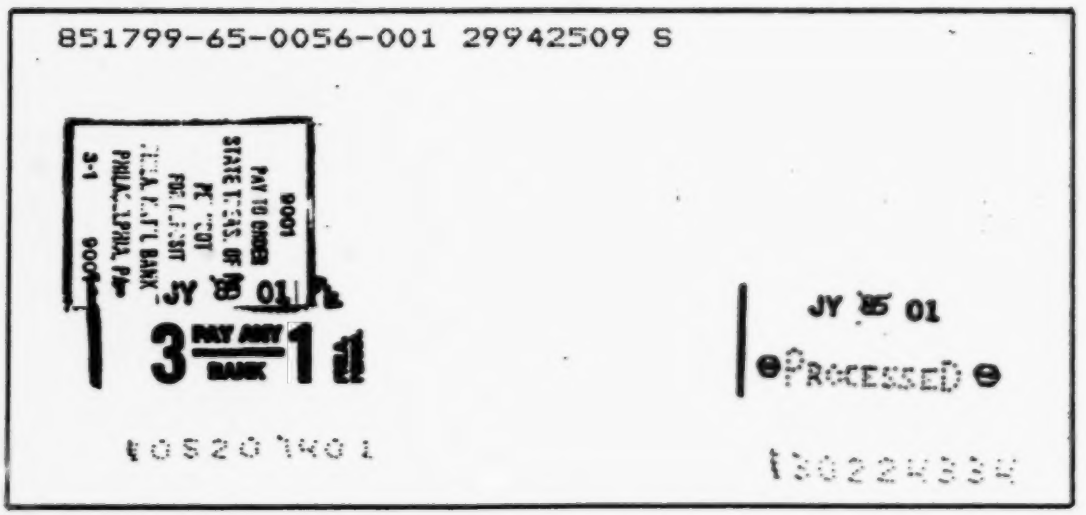
_____ DOLLARS

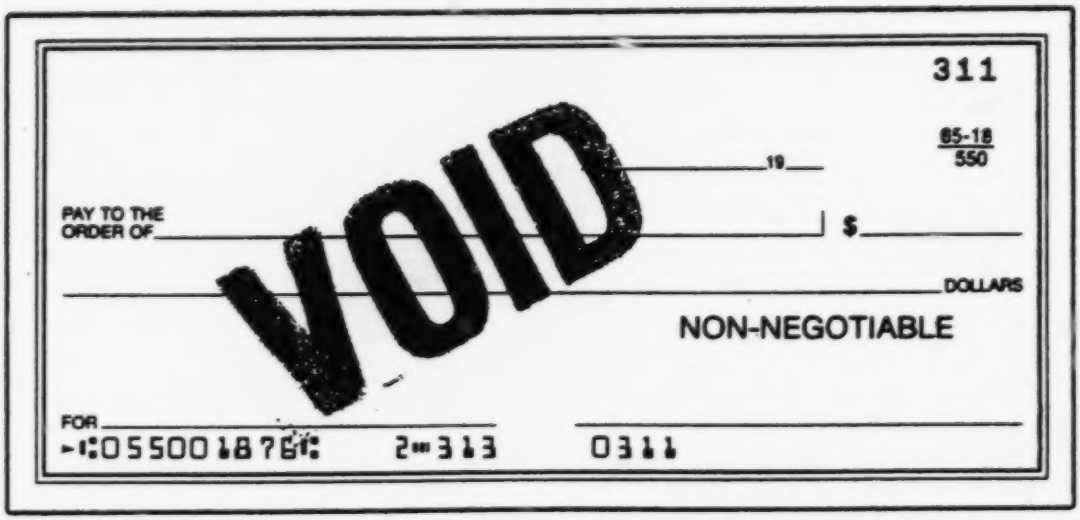
NON-NEGOTIABLE

FOR _____

⑆055001876⑆ 2⑈313 0316


311
85-18
550
PAID
PAY TO THE ORDER OF Burton Department Store
$ 20.94
Twenty and 94
DOLLARS
NON NEGOTIABLE
FOR
⑆055001876⑆
000000 2094


851799-65-0056-001 29942509 S
PAY TO ORDER
STATE BANK
PAY ANY BANK
JY 85 01
PROCESSED


311
85-18
550
19
PAY TO THE ORDER OF
$
DOLLARS
VOID
NON-NEGOTIABLE
FOR
⑆055001876⑆ 2⑈313 0311

YOUR LOCAL BANK

CHECKING ACCOUNT STATEMENT

NAME/ADDRESS

PLEASE EXAMINE AT ONCE. IF NO ERROR IS REPORTED IN TEN DAYS THE ACCOUNT WILL BE CONSIDERED CORRECT. NOTIFY US OF ANY CHANGE OF ADDRESS.

BALANCE AS SHOWN ON PREVIOUS STATEMENT	DEPOSITS OR OTHER CREDITS		CHECKS OR OTHER DEBITS		SERVICE CHARGE
	NUMBER	AMOUNT	NUMBER	AMOUNT	

ACCOUNT NUMBER	DATE OF THIS STATEMENT	BALANCE AS OF THIS STATEMENT DATE

DATE	CHECKS/OTHER DEBITS		DEPOSITS/CREDITS	BALANCE

CM - CREDIT MEMO DM - DEBIT MEMO RI - RETURN DEPOSIT ITEM RC - RETURN CHECK CP - CREDIT PREAUTHORIZED
OD - OVERDRAFT EC - ERROR CORRECTION LS - LIST OF CHECKS SC - SERVICE CHARGE DP - DEBIT PREAUTHORIZED

SIMPLE METHOD OF ACCOUNT RECONCILEMENT

CHECKS OUTSTANDING

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECKBOOK		
TOTAL		

TO PROVE THE BALANCE AS SHOWN ON YOUR STATEMENT

Sort the checks numerically or by date issued.

Check off on the stubs of your checkbook each of the checks paid by the bank.

Make a list of the numbers and amounts of those still outstanding in the space provided at the left.

Add the sum of the outstanding checks to the balance as shown in your checkbook.

List below all deposits made which do not appear on the statement.

Add to this total the balance as shown on the statement.

Be sure service charges and any other bank charges, appearing on the statement, have been deducted from your checkbook.

The two results should agree, and if so, the statement rendered is correct. If there is a difference between these figures, check the additions and subtractions in your checkbook. Please report any difference still remaining to the bank within ten days after receipt of your statement.

DEPOSITS NOT CREDITED

DATE	AMOUNT	
TOTAL DEPOSITS NOT CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

From

To

Branch

Direct Inquiries To

SUMMARY OF CHECKING ACCOUNT

Account No	Starting Balance	Deposits	Withdrawals/Fees	Ending Balance

Page No	No. of Deposits	No. of Checks		* Gap in Check Sequence AT Automatic Transfer ATC At Charge ATR At Reversal CRC Check Returned Charge	DC Deposited Check Returned DD Direct Deposit DM Debit Memo D Deposit IP Interest Paid	IW Interest Withheld M Miscellaneous Charge MC Master Card OD Overdrawn PD Preprinted Debit	PIC Poster Item Charge SAV To Savings SC Service Charge ST Savings Transfer WD Withdrawal

SAVINGS ACCOUNT

Account No	Starting Balance	Ending Balance	

Date	Code	Amount	Date	Code	Amount	Date	Code	Amount

**DESCRIPTIONS

For Your Information

AMERICAN INDUSTRIES MONEY ORDER

NON-NEGOTIABLE

PAY THE SUM OF
NOT GOOD OVER $200.

DATE _____ 19 ____

TO THE
ORDER OF _____

_____
SENDER'S NAME AND ADDRESS

BEFORE CASHING READ NOTICE ON BACK

MONEY ORDER (sample 2)

UNITED STATES OF AMERICA POSTAL MONEY ORDER

34253276624 851112 190151 **2*00

SERIAL NUMBER | YEAR MONTH DAY | POST OFFICE | U.S. DOLLARS AND CENTS

PAY TO

STREET

CITY STATE ZIP

MONEY ORDER

FROM

STREET

CITY STATE ZIP

COD NO. OR USED FOR

:00000800 2: 34253276624" NON-NEGOTIABLE

CUSTOMER'S RECEIPT DO NOT SEND THIS RECEIPT FOR PAYMENT KEEP IT FOR YOUR RECORDS

34253276624

SERIAL NUMBER | YEAR MONTH DAY | POST OFFICE | U.S. DOLLARS AND CENTS

PAY TO

STREET

CITY STATE ZIP

CUSTOMER RECEIPT

FROM

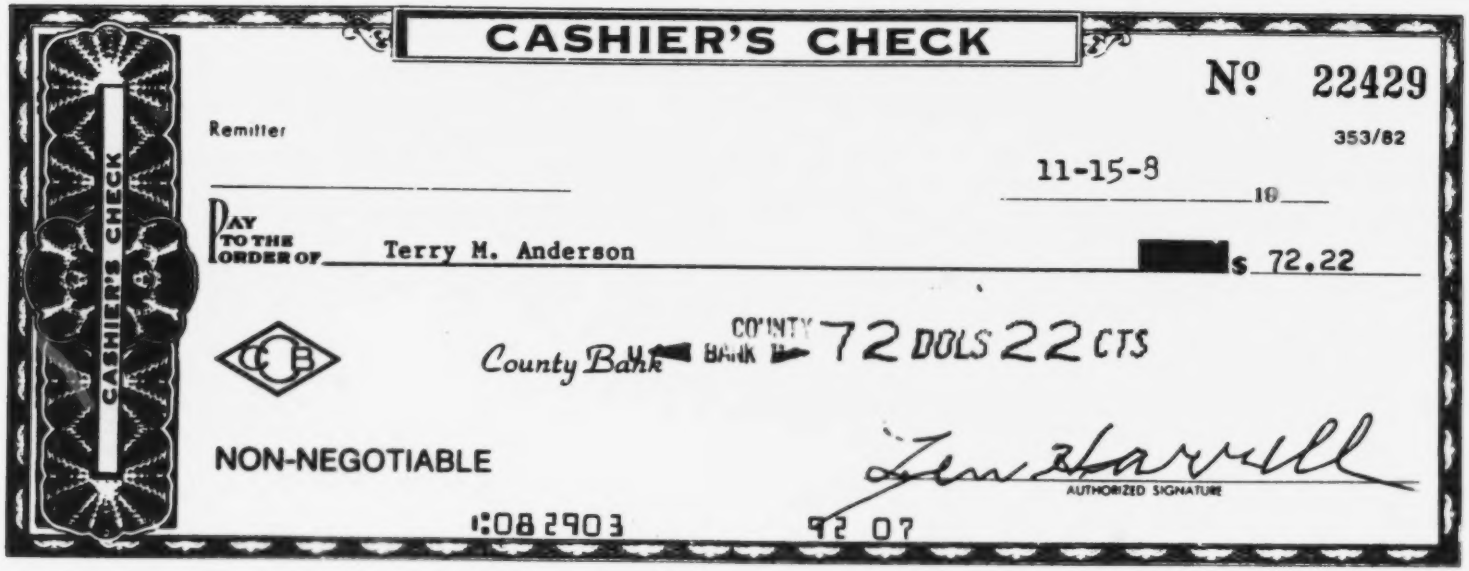
STREET

CITY STATE ZIP

COD NO. OR USED FOR

This receipt is your guarantee of 100% refund if your money order is lost or stolen, provided you fill in the *Pay To* and *From* information on the money order in the space provided. No claim for improper payment permitted 2 years after payment.

If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office. Please allow 30 days for the issue of a replacement money order.



CASHIER'S CHECK

No. 22429

Remitter

353/82

11-15-8 19

PAY TO THE ORDER OF Terry M. Anderson [redacted] $ 72.22

County Bank

COUNTY BANK 72 DOLS 22 CTS

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

:08 2903 92 07

APPLICATION FOR CHECK CASHING

LAST NAME | MIDDLE INITIAL | FIRST NAME | PHONE NO.

SIG. OF CUSTOMER (DO NOT PRINT) | SIG. OF SPOUSE (IF HE/SHE MAY PRESENT CHECK)

NAME AND ADDRESS OF EMPLOYER

LIST IDENTIFICATION SUBMITTED (LICENSE, ACCOUNT NUMBERS, NAME OF BANK, ETC.)

APPROVED BY | DATE

DATE	AMT.	DATE	AMT.	DATE	AMT.	DATE	AMT.	DATE	AMT.

Dear Customer:

As per your request, we have sent you this application card for permission to cash checks in this store.

Upon presenting this application, properly filled out, at the time of your next visit to our store, along with suitable identification (driver's license, automobile registration, credit cards, charge-a-plates, name of your bank, etc.) we will be happy to extend to you full check cashing privileges. These privileges are good only at the store where you make application.

If you expect your spouse to present checks, have him or her sign the application after your signature.

We appreciate your patronage and look forward to serving you.

Very truly yours,

STORE SUPERVISOR

CREDIT CARD APPLICATION

For Bank Use Only

Branch # _____

Loan Officer # _____

PLEASE PRINT

Applicant

No. & Street

Area Code Phone ( )

☐ Own Amt. ☐ Rent Rent $

Years There

City State Zip

Social Security No.

Previous Address (If less than 5 yrs. at present)

Years There

Driver's License No. Birthdate / /

No. Dependents Ages

Present Employer

Area Code Phone ( )

Employer's Address

Years There

Your Position

Salary: $ Per

(Income from alimony, child support or maintenance payments need not be revealed if you choose not to rely on such income)

Other Income: $ Per Source

Is there any income in this section to be reduced in the next two years?

☐ No ☐ Yes (Explain)

Previous Employer

Your Position

Years There

Checking Account Bank Branch

Savings Account Bank Branch

Outstanding Debts (Bank Loans, Finance Companies, Credit Cards, Lines of Credit). Attach extra sheet, if needed.

Creditor	Purpose	Account Number	Date Incurred	Present Bal.	Mo. Payment
	☐ Mortgage				
	☐ Auto				

Lines of Credit	Maximum Line	Account Number	Date Incurred	Present Bal.	Mo. Payment

Other Obligations: (e.g., liability to pay alimony, child support, separate maintenance)

Name of nearest relative or friend not living with you Address

If appropriate, check one of the boxes and complete the blanks below:
The person named below: ☐ will be the Authorized User on my credit cards
☐ has additional income on which I am relying to repay you and will sign to authorize obtaining credit reports.*

Name Social Security No.

Present Employer Area Code Phone ( )

Position Years There Salary: $ Per

Is there any income in this section to be reduced in the next two years? ☐ No ☐ Yes (Explain)

MAXIMUM CREDIT LINE REQUESTED $ _____

Number of Cards Desired: _____
(1st card will have the Applicant's name, the 2nd card will have the Authorized User's name, and any additional cards will have Applicant's name.)

Who will use additional cards?

Name Relationship

_____

_____

INSURANCE INFORMATION (This section must be completed.)

Group Credit Life Insurance is available on life of applicant to cover the account's outstanding balances, up to a maximum of $25,000. Applicant will be charged monthly for the insurance at (1) a monthly rate of $.0623 for purchases, and (2) a daily rate of $.00204 for loans. The charges are per $100 of applicable balances subject to Finance Charges. See Notice of Proposed Group Insurance on the attached sheet.

1. ☐ I want Credit Life Insurance
2. ☐ I do not want Credit Life Insurance

Signature (Applicant) Date

X _____

Insurance will not be issued unless Box 1 is checked and signature appears above. See attached sheet for copy of this agreement.

Have you ever been bankrupt (regular or Chapter 13)?

☐ No ☐ Yes. If yes, when? _____

Have you had any judgments against you? ☐ No ☐ Yes

If yes, to whom? _____

Are you a Co-Maker or Guarantor on any other loan?

☐ No ☐ Yes

Have you ever received credit under any other name?

☐ No ☐ Yes What name? _____

I certify to the truth of my statements above and authorize the Bank to obtain credit reports in connection with this Application and any update, renewal or extension thereof. If it does so, I will, upon request, be informed of that fact and of each bureau's name and address. I authorize the Bank to verify with others information contained in this Application and to report for lawful purposes its transactions with me.

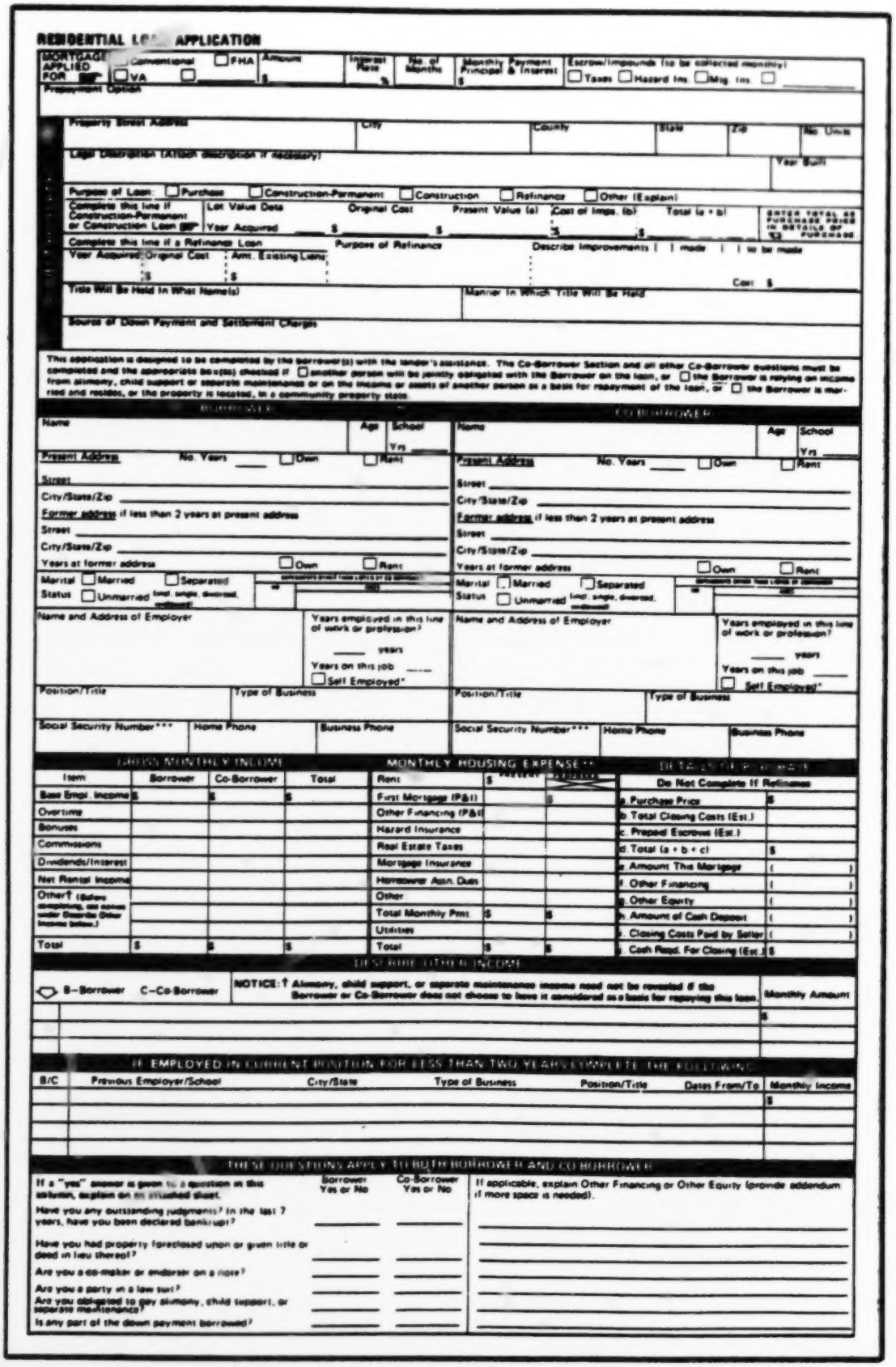
Signature of Applicant Date

X _____

I authorize credit reports to be obtained per above.

_____

*Person with Additional Income



RESIDENTIAL LOAN APPLICATION

MORTGAGE APPLIED FOR: ☐ Conventional ☐ FHA ☐ VA ☐ _____ | Amount $ | Interest Rate % | No. of Months | Monthly Payment Principal & Interest $ | Escrow/Impounds (to be collected monthly) ☐ Taxes ☐ Hazard Ins. ☐ Mtg. Ins. ☐ _____

Prepayment Option

Property Street Address | City | County | State | Zip | No. Units

Legal Description (Attach description if necessary) | Year Built

Purpose of Loan: ☐ Purchase ☐ Construction-Permanent ☐ Construction ☐ Refinance ☐ Other (Explain)

Complete this line if Construction-Permanent or Construction Loan: Year Acquired | Lot Value Data: Original Cost $ | Present Value (a) $ | Cost of Imps. (b) $ | Total (a + b) $ | Enter total as purchased price in details of purchase $

Complete this line if a Refinance Loan: Year Acquired | Original Cost $ | Amt. Existing Liens $ | Purpose of Refinance | Describe Improvements ☐ made ☐ to be made | Cost: $

Title Will Be Held In What Name(s) | Manner In Which Title Will Be Held

Source of Down Payment and Settlement Charges

This application is designed to be completed by the borrower(s) with the lender's assistance. The Co-Borrower Section and all other Co-Borrower questions must be completed and the appropriate box(es) checked if ☐ another person will be jointly obligated with the Borrower on the loan, or ☐ the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan, or ☐ the Borrower is married and resides, or the property is located, in a community property state.

BORROWER	CO-BORROWER
Name / Age / School Yrs	Name / Age / School Yrs
Present Address No. Years ____ ☐ Own ☐ Rent	Present Address No. Years ____ ☐ Own ☐ Rent
Street	Street
City/State/Zip	City/State/Zip
Former address if less than 2 years at present address	Former address if less than 2 years at present address
Street	Street
City/State/Zip	City/State/Zip
Years at former address ☐ Own ☐ Rent	Years at former address ☐ Own ☐ Rent
Marital Status ☐ Married ☐ Separated ☐ Unmarried (incl. single, divorced, widowed)	Marital Status ☐ Married ☐ Separated ☐ Unmarried (incl. single, divorced, widowed)
Name and Address of Employer	Name and Address of Employer
Years employed in this line of work or profession? ____ years. Years on this job ____ ☐ Self Employed*	Years employed in this line of work or profession? ____ years. Years on this job ____ ☐ Self Employed*
Position/Title / Type of Business	Position/Title / Type of Business
Social Security Number*** / Home Phone / Business Phone	Social Security Number*** / Home Phone / Business Phone

GROSS MONTHLY INCOME

Item	Borrower	Co-Borrower	Total
Base Empl. Income	$	$	$
Overtime			
Bonuses			
Commissions			
Dividends/Interest			
Net Rental Income			
Other† (Before completing, see notice under Describe Other Income below.)			
Total	$	$	$

MONTHLY HOUSING EXPENSE**

	Present	Proposed
Rent	$	
First Mortgage (P&I)		$
Other Financing (P&I)		
Hazard Insurance		
Real Estate Taxes		
Mortgage Insurance		
Homeowner Assn. Dues		
Other		
Total Monthly Pmt.	$	$
Utilities		
Total	$	$

DETAILS OF PURCHASE

Do Not Complete If Refinance	
a. Purchase Price	$
b. Total Closing Costs (Est.)	
c. Prepaid Escrows (Est.)	
d. Total (a + b + c)	$
e. Amount This Mortgage	( )
f. Other Financing	( )
g. Other Equity	( )
h. Amount of Cash Deposit	( )
i. Closing Costs Paid by Seller	( )
j. Cash Reqd. For Closing (Est.)	$

DESCRIBE OTHER INCOME

B—Borrower C—Co-Borrower

NOTICE:† Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered as a basis for repaying this loan.

B/C		Monthly Amount
		$

IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS COMPLETE THE FOLLOWING:

B/C	Previous Employer/School	City/State	Type of Business	Position/Title	Dates From/To	Monthly Income
						$

THESE QUESTIONS APPLY TO BOTH BORROWER AND CO-BORROWER

If a "yes" answer is given to a question in this column, explain on an attached sheet.	Borrower Yes or No	Co-Borrower Yes or No
Have you any outstanding judgments? In the last 7 years, have you been declared bankrupt?		
Have you had property foreclosed upon or given title or deed in lieu thereof?		
Are you a co-maker or endorser on a note?		
Are you a party on a law suit?		
Are you obligated to pay alimony, child support, or separate maintenance?		
Is any part of the down payment borrowed?		

If applicable, explain Other Financing or Other Equity (provide addendum if more space is needed).

· LOAN APPLICATION (side 2)

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required (FHLMC 65A/FNMA 1003A). If the co-borrower section was completed about a spouse, this statement and supporting schedules must be completed about that spouse also.

☐ Completed Jointly ☐ Not Completed Jointly

STATEMENT OF ASSETS AND LIABILITIES

ASSETS Description	Cash or Market Value	LIABILITIES AND PLEDGED ASSETS. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, and stock pledges.	Acct. Name if Not Borrower's	Mo. Pmt. and Mos. left to pay	Unpaid Balance
Cash Deposit Toward Purchase Held By	$	Installment Debts (include "revolving" charge accts)		$ Pmt /Mos.	$
Checking and Savings Accounts (Show Names of Institutions/Acct. Nos.)				/	
				/	
Stocks and Bonds (No./Description)				/	
				/	
				/	
Life Insurance Net Cash Value *Face Amount ($)*		Other Debts Including Stock Pledges		/	
SUBTOTAL LIQUID ASSETS	$				
Real Estate Owned *(Enter Market Value from Schedule of Real Estate Owned)*		Real Estate Loans			
Vested Interest in Retirement Fund					
Net Worth of Business Owned (ATTACH FINANCIAL STATEMENT)					
Automobiles (Make and Year)		Automobile Loans		/	
Furniture and Personal Property		Alimony, Child Support and Separate Maintenance Payments Owed To		/	
Other Assets (Itemize)					
		TOTAL MONTHLY PAYMENTS		$	
TOTAL ASSETS	A $	NET WORTH (A minus B) $		TOTAL LIABILITIES	B $

SCHEDULE OF REAL ESTATE OWNED (If Additional Properties Owned Attach Separate Schedule)

Address of Property (Indicate S if Sold, PS if Pending Sale or R if Rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maintenance and Misc.	Net Rental Income
		$	$	$	$	$	$
TOTALS →		$	$	$	$	$	$

LIST PREVIOUS CREDIT REFERENCES

◇ B-Borrower C-Co-Borrower	Creditor's Name and Address	Account Number	Purpose	Highest Balance	Date Paid
				$	

List any additional names under which credit has previously been received _____

AGREEMENT The undersigned applies for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the lender, even if the loan is not granted. The undersigned ☐ intend or ☐ do not intend to occupy the property as their primary residence.

I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

_____ Date _____ _____ Date _____
Borrower's Signature Co-Borrower's Signature

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government if this loan is related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please initial below.

BORROWER: I do not wish to furnish this information (initials)_____
RACE/ NATIONAL ORIGIN ☐ American Indian, Alaskan Native ☐ Asian, Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other (specify) _____
SEX: ☐ Female ☐ Male

CO-BORROWER: I do not wish to furnish this information (initials)_____
RACE/ NATIONAL ORIGIN ☐ American Indian, Alaskan Native ☐ Asian, Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other (specify) _____
SEX ☐ Female ☐ Male

FOR LENDER'S USE ONLY

(FNMA REQUIREMENT ONLY) This application was taken by ☐ face to face interview ☐ by mail ☐ by telephone

_____ _____
(Interviewer) Name of Employer of Interviewer

REVERSE 50

INSTALLMENT LOAN APPLICATION

Amount Needed $	Months to Pay	Purpose	Date

Type of Credit: ☐ Individual Application — credit sought in your name alone ☐ Joint Credit — credit sought in your name and someone else's name.

1. Personal Information
Answer the following questions about yourself. Please Print.

2. Co-Applicant Information
If this is a joint account answer the following questions about the Co-Applicant.

Full Name		▶	
Apt. #	Apt. Name	▶	Apt. Name
Street address		▶	
City, State, Zip		▶	
Home phone (area)	Yrs. there	▶	(area) Yrs. there
Soc. Sec. # / /	Birthdate / /	▶	/ / Birthdate / /
Number of dependents (including self)		▶	
Last address		▶	
City, State, Zip		▶	
Do you ☐ own ☐ rent ☐ live with parents		▶	☐ own ☐ rent ☐ live with parents
Mo. mortgage or rent $		▶	$
Employer		▶	
Address		▶	
City, State, Zip		▶	
Business phone (area)	Yrs. there	▶	(area) Yrs. there
Your job	Gross wkly. salary $	▶	Gross wkly. salary $

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, separate maintenance received under: ☐ court order ☐ written agreement ☐ oral understanding

Source(s) of Other Income	$ per ☐ week ☐ month	▶	$ per ☐ week ☐ month
Last employer	Yrs. there	▶	Yrs. there
Address		▶	
Your bank(s) checking		▶	
Balance $	Acct. #	▶	$ Acct. #
Your bank(s) savings/money market		▶	
Balance $	Acct. #	▶	$ Acct. #

3. Credit Information

Credit cards. Please list all credit cards you now have.			Credit cards. Please list all credit cards you now have.
Company	Acct. #	▶	Acct. #
Company	Acct. #	▶	Acct. #
Company	Acct. #	▶	Acct. #
Company	Acct. #	▶	Acct. #

Please list all your debts and credit obligations*. Do the same for the co-applicant if this is a joint account.

Mortgage Company		Creditor	
Address		Address	
Acct. #		Acct. #	
Unpaid balance $	Mo. payment $	Unpaid balance $	Mo. payment $
Acct. in name of		Acct. in name of	
Creditor		Creditor	
Address		Address	
Acct. #		Acct. #	
Unpaid balance $	Mo. payment $	Unpaid balance $	Mo. payment $
Acct. in name of		Acct. in name of	

SIGNATURE: I authorize these lenders to share the information provided in this application, to investigate my credit record, to check statements I've made and to report their credit experience with me. I've answered the questions in this application fully and truthfully and all the information I've provided is correct. This application is the property of the lenders, and I understand that they will retain it whether or not I receive the credit I've asked for.

X _____ X _____ _____
Applicant's Signature Co-Applicant's Signature Date Signed

*If debt consolidation loan, please asterisk (*) next to the name(s) of any creditor(s) you would like paid off and the account closed.

For Practice Use Only

5834742

DATE	AUTHORIZATION NO.	SALES CLERK	DEPT.	IDENTIFICATION	TAKE / SEND
QUAN.	CLASS	DESCRIPTION		PRICE	AMOUNT

THIS FORM TO BE USED WITH VISA OR MasterCard

CURRENCY CONVERSION RATE

DATE

AMOUNT

SUB TOTAL

SALES TAX

TOTAL

BANKCARD SALES SLIP
BANK COPY

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

CARDHOLDER SIGN HERE X

APPLICATION FOR APARTMENT RENTAL

Name _____ Social Security # _____ Birth Date _____

Spouse _____ Social Security # _____ Birth Date _____

Person(s) to occupy apartment other than name(s) above:
Name _____ Birth Date _____
Name _____ Birth Date _____
(No other persons will be permitted to live on premises.)

Your present address _____
Telephone _____ Number years at this address _____ ( )-Own ( )-Rent
Present landlord or mortgage holder's name _____ Phone _____
Address of present landlord or mortgage holder _____
Current monthly rent or mortgage payment $_____ If mortgage, Account # _____

Previous address _____
Name and address of previous landlord _____

Employer Name _____ Telephone _____
Employer Address _____ Number years employed there _____
Position _____ Income per week _____

Spouse's Employer _____ Telephone _____
Employer Address _____ Number years employed there _____
Position _____ Income per week _____

Make of car _____ Tag # _____ Driver License # _____
Monthly car payment $_____ To _____
Address _____ Account # _____

Outstanding loan with _____
Address _____ Monthly Payment _____

Checking Account # _____ Name of Bank and Branch _____

Savings Account # _____ Name of Bank and Branch _____

The above information is true and correct. I authorize this information to be verified as may be necessary for the purpose of processing this application.

Signature _____ Date _____

Signature _____ Date _____

There are 4 copies of this agreement.
1
1. White .... Lessor
2. Yellow ...Agent
3. Pink ..... Lessee
4. Blue .....

L-1969
REV. 1/78

LEASE FOR REAL ESTATE
PART ONE OF A TWO PART AGREEMENT

This form recommended and approved for, but not restricted to use by members of the Pennsylvania Association of Realtors when used with an approved addendum attached hereto.

Agent For The Lessor

PRINCIPALS (1-78)

This Agreement, made this.....day of ..... A.D. 19.....

Between .....

.....hereinafter called Lessor, and

.....hereinafter called Lessee,

PROPERTY (11-74)

1. (a) WITNESSETH: Lessor agrees to let unto the Lessee premises being known as.....

..... in the

..... of ..... , County of ..... , State of Penna.

with improvements consisting of .....

.....

upon the following terms and conditions to wit:

(b) Total rental for entire term payable to Lessor $ .....

(c) Payments in advance ☐ Monthly ☐ ..... in the amount of: $ .....

(d) Cash or check to be paid before possession by Lessee which is to be applied on account as follows:

Advance rent..... 19.....to..... 19..... Paid $ ..... Due $ .....

On account of final payment of rent..... Paid $ ..... Due $ .....

Security deposit (see par. 1 (f)..... Paid $ ..... Due $ .....

Credit report..... Paid $ ..... Due $ .....

..... Paid $ _____ Due $ _____

Totals – Paid to date ..... Paid $.....

Balance due before possession..... Due $ .....

(e) Adjusted payment of rent until regular due date, if any $ .....

(f) Security deposit $ .....

(g) Late charge if rent not paid within grace period $ .....

(h) Due date for each payment.....

(i) Term of this lease.....

(j) Commencement date of lease..... day of .....A.D. 19.....

(k) Expiration date of lease..... day of .....A.D. 19.....

(l) Required written notice to terminate this lease.....

(m) Renewal term if not terminated by either party.....

(n) Lessee will occupy premises ONLY as .....

(o) Maximum number of occupants under this lease .....

(p) Payments to be made promptly when due in lawful money of the United States of America to: ☐ Lessor ☐ Agent

(q) Utilities & services to be supplied as follows:

Lessor will supply: ☐ cold water, ☐ hot water, ☐ gas, ☐ heat, ☐ electric, ☐ lawn care, ☐ snow removal, ☐ janitor service, ☐ yearly oil burner cleaning, ☐ cesspool cleaning, ☐ ..... ☐ Lawn & Shrubbery care. ☐ .....

Lessee will supply: ☐ cold water, ☐ hot water ☐ gas, ☐ heat, ☐ electric, ☐ lawn care, ☐ snow removal, ☐ water in excess of yearly minimum charge, ☐ yearly oil burner cleaning ☐ cesspool cleaning, ☐ Lawn & Shrubbery care. ☐ .....

(r) Notwithstanding anything herein to the contrary, Lessee will pay cost of any or all repairs of any kind whatsoever, occurring after commencement of this lease where the individual cost of each repair is less than $ .....

(s) No pets or animals of any kind whatsoever will be permitted on or within the herein described premises excepting .....

. APARTMENT LEASE (page 2)

SPECIAL CLAUSES	2.
ADDENDUM	3. The Lessor and Lessee agree for themselves, their respective heirs and successors and assigns to the herein described terms and also to those set forth in the addendum attached hereto entitled "TERMS AND CONDITIONS," (PART TWO) all of which are to be regarded as binding and as strict legal conditions.
INITIALS	LESSEE..... LESSEE..... LESSEE..... LESSOR..... LESSOR..... AGENT.....

FOR VALUE RECEIVED, the undersigned hereby assign, transfer and set over unto .....

.....

Executors, Administrators and assigns all Lessor's rights, title and interest in the within described premises and all benefit and advantages to be derived therefrom.

WITNESS ..... hand and seal this ..... day of ..... A.D. 19 .....

WITNESS ..... } LESSOR ..... (SEAL)

WITNESS ..... } LESSOR ..... (SEAL)

Rent Receipt

_____ 19___

Received from _____

_____ Dollars

For Rent of _____

$ _____ _____

As soon as you know your new address, mail this card to all the people, businesses, and publications who send you mail.
For publications, tape an old address label over name and old address sections and complete new address.

Your name	Print or Type—Last Name, First Name, Middle Initial			
Old Address	No. and Street	Apt. Suite No.	P.O. Box	R.D. No.
	Post Office State	ZIP Code		
New Address	No. and Street	Apt. Suite No.	P.O. Box	R.D. No.
	Post Office State	ZIP Code		
Sign Here	Signature X	Date new address in effect	Account No. (If any)	

PS FORM 3576, JAN. 1984 ... RECEIVER: Be sure to record the above new address in your address book, at home or office

---

THIS ORDER PROVIDES for the forwarding of First-Class Mail for a period not to exceed 18 months. All parcels of obvious value will be forwarded for a period not to exceed one year.

Print or Type *(Last Name, First Name, Middle Initial)*

CHANGE OF ADDRESS IS FOR:
- ☐ Firm
- ☐ Entire Family *(If the last name of family members differ, separate orders for each last name must be filed.)*
- ☐ Individual Signer Only

I agree to pay forwarding postage for newspapers and magazines for 90 days.
☐ No ☐ Yes

OLD ADDRESS
No. and St.,
Apt., Suite
P.O. Box
R.D. No. Box

Post Office
State
ZIP Code

NEW ADDRESS
No. and St.,
Apt., Suite
P.O. Box
R.D. No. Box

Post Office
State
ZIP Code

USPS USE ONLY
Clerk/Carrier Endorsement

Carrier Route Number

Effective Date

If Temporary, Expiration Date

Date Entered

Sign Here
X

Date Signed

PS FORM 3575 JAN 1984 *Signature & title of person authorizing address change (DO NOT print or type.)*

☆ U.S.GPO:1984-0-457-203

FORM SS-5 – APPLICATION FOR A SOCIAL SECURITY NUMBER CARD (Original, Replacement or Correction)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422-103(b)).

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. Type or print, using pen with dark blue or black ink. Do not use pencil. SEE PAGE 1 FOR REQUIRED EVIDENCE.

MAA	NAME TO BE SHOWN ON CARD	First	Middle	Last
MAB 1	FULL NAME AT BIRTH (IF OTHER THAN ABOVE)	First	Middle	Last
ONA	OTHER NAME(S) USED			
STT 2	MAILING ADDRESS	(Street/Apt. No., P.O. Box, Rural Route No.)		
CTY	CITY (Do not abbreviate)	STE STATE	ZIP ZIP CODE	

CSP 3 CITIZENSHIP (Check one only)
- ☐ a. U.S. citizen
- ☐ b. Legal alien allowed to work
- ☐ c. Legal alien not allowed to work
- ☐ d. Other (See instructions on Page 2)

SEX 4 SEX
- ☐ MALE
- ☐ FEMALE

ETB 5 RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- ☐ a. Asian, Asian-American or Pacific Islander (Includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- ☐ b. Hispanic (Includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- ☐ c. Negro or Black (not Hispanic)
- ☐ d. Northern American Indian or Alaskan Native
- ☐ e. White (not Hispanic)

DOB 6	DATE OF BIRTH ▶	MONTH	DAY	YEAR	AGE 7	PRESENT AGE	POB 8	PLACE OF BIRTH ▶ CITY (Do not abbreviate)	STATE OR FOREIGN COUNTRY (Do not abbreviate)	FC
MNA 9	MOTHER'S NAME AT HER BIRTH	First			Middle				Last (Her maiden name)	
FNA	FATHER'S NAME	First			Middle				Last	

PNO 10
a. Has a Social Security number card ever been requested for the person listed in item 1? ☐ YES(2) ☐ NO(1) ☐ Don't know(1)

b. Was a card received for the person listed in item 1? ☐ YES(3) ☐ NO(1) ☐ Don't know(1)

▶ IF YOU CHECKED YES TO A OR B, COMPLETE ITEMS C THROUGH E; OTHERWISE GO TO ITEM 11.

NSN
c. Enter the Social Security number assigned to the person listed in item 1. ☐☐☐–☐☐–☐☐☐☐

NLC
d. Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

PDB
e. Date of birth correction (See Instruction 10 on page 2) ▶ MONTH DAY YEAR

DON 11	TODAY'S DATE ▶	MONTH	DAY	YEAR	12	Telephone number where we can reach you during the day. Please include the area code. ▶	HOME OTHER

ASD WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

IMPORTANT REMINDER: WE CANNOT PROCESS THIS APPLICATION WITHOUT THE REQUIRED EVIDENCE. SEE PAGE 1.

13 YOUR SIGNATURE	14 YOUR RELATIONSHIP TO PERSON IN ITEM 1 ☐ Self ☐ Other (Specify) _____
WITNESS (Needed only if signed by mark "X")	WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

DTC (SSA RECEIPT DATE)		NPN			DOC
NTC	CAN	BIC	IDN	ITV	☐ MANDATORY IN PERSON INTERVIEW CONDUCTED
TYPE(S) OF EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	DATE
				DCL	DATE

BUDGET BY MONTH (part 1)

DAY OF MONTH	FOOD	LAUNDRY	CAR & GASOLINE	TRANSPORTATION	RENT	ENTERTAINMENT	PERSONAL ITEMS	HEAT/ ELECTRICITY/ WATER/ PHONE	TAXES	INSTALLMENTS	OTHER PURCHASES	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
TOTAL 1 - 16												

BUDGET BY MONTH (part 2)

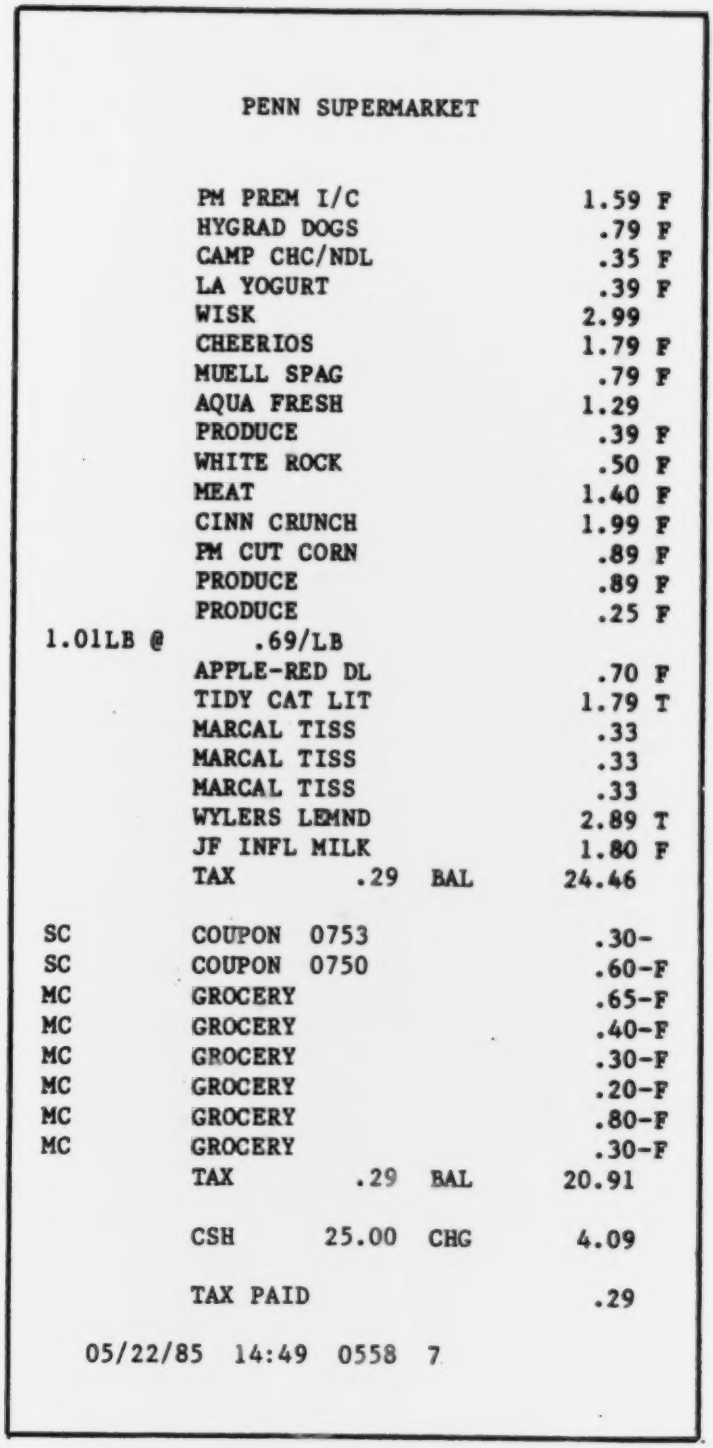
DAY OF MONTH	FOOD	LAUNDRY	CAR & GASOLINE	TRANSPORTATION	RENT	ENTERTAINMENT	PERSONAL ITEMS	HEAT/ ELECTRICITY/ WATER/ PHONE	TAXES	INSTALLMENTS	OTHER PURCHASES	
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
TOTAL 17 - 31												
TOTAL 1 - 16												
TOTAL MONTH												

BUDGET BY YEAR

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
FOOD												
LAUNDRY												
CAR & GASOLINE												
TRANSPORTATION												
RENT												
ENTERTAINMENT												
PERSONAL ITEMS												
HEAT/ ELECTRICITY/ WATER/ PHONE												
TAXES												
INSTALLMENTS												
OTHER PURCHASES												
TOTAL												

CASH REGISTER RECEIPT

44



PENN SUPERMARKET

	PM PREM I/C			1.59 F
	HYGRAD DOGS			.79 F
	CAMP CHC/NDL			.35 F
	LA YOGURT			.39 F
	WISK			2.99
	CHEERIOS			1.79 F
	MUELL SPAG			.79 F
	AQUA FRESH			1.29
	PRODUCE			.39 F
	WHITE ROCK			.50 F
	MEAT			1.40 F
	CINN CRUNCH			1.99 F
	PM CUT CORN			.89 F
	PRODUCE			.89 F
	PRODUCE			.25 F
1.01LB @	.69/LB			
	APPLE-RED DL			.70 F
	TIDY CAT LIT			1.79 T
	MARCAL TISS			.33
	MARCAL TISS			.33
	MARCAL TISS			.33
	WYLERS LEMND			2.89 T
	JF INFL MILK			1.80 F
	TAX	.29	BAL	24.46
SC	COUPON 0753			.30-
SC	COUPON 0750			.60-F
MC	GROCERY			.65-F
MC	GROCERY			.40-F
MC	GROCERY			.30-F
MC	GROCERY			.20-F
MC	GROCERY			.80-F
MC	GROCERY			.30-F
	TAX	.29	BAL	20.91
	CSH	25.00	CHG	4.09
	TAX PAID			.29

05/22/85 14:49 0558 7

Date _____

Issued to _____

Address _____

_____

Purchased by _____

_____

Amount $ _____

GIFT CERTIFICATE

Date _____

$ _____

M _____

upon presentation of this gift certificate,
may select a gift to the amount of

_____ Dollars

Presented by _____
Donor's Signature

Non-Negotiable • For Practice Use Only

$_____ _____ 19_____

_____ after date promise to pay to

the order of _____

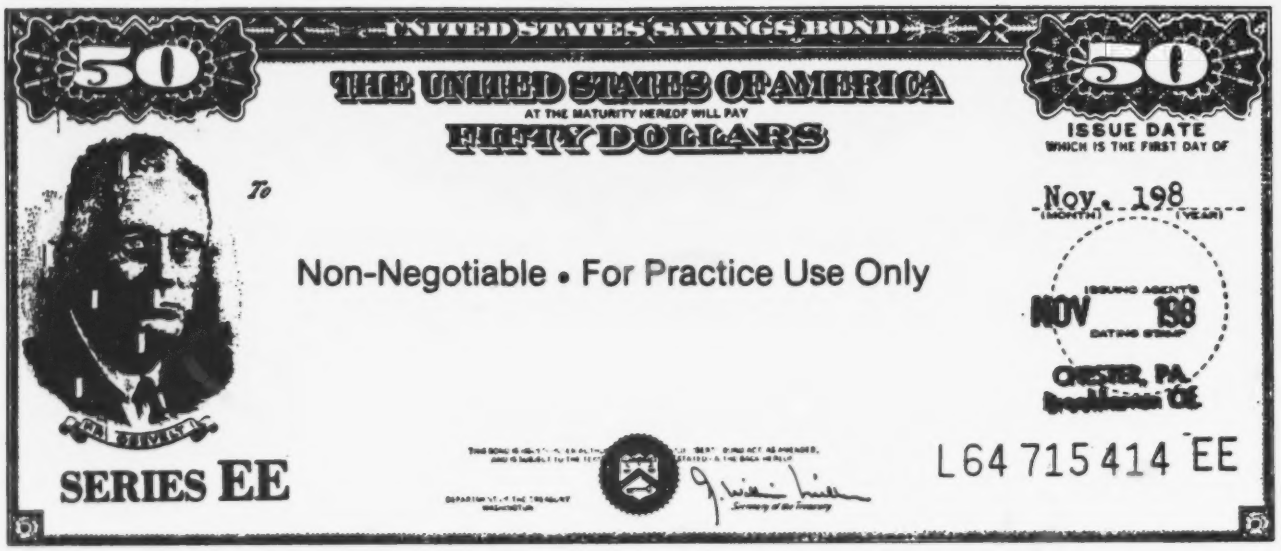
_____ Dollars

at _____

Value received

Amount Due _____ _____

U. S. SAVINGS BOND



UNITED STATES SAVINGS BOND—SERIES EE
Not Transferable

REQUEST FOR PAYMENT

I AM THE OWNER OF THIS BOND, AND HEREBY REQUEST PAYMENT.

SIGN IN INK IN PRESENCE OF PAYING AGENT OR CERTIFYING OFFICER

(NUMBER) MAIL ADDRESS (STREET)

(CITY) (STATE) (ZIP CODE)

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED PERSON, WHOSE IDENTITY IS WELL-KNOWN TO ME OR HAS BEEN POSITIVELY ESTABLISHED, SIGNED THE ABOVE REQUEST IN MY PRESENCE ON _____.
DATE OF REQUEST

OFFICIAL SEAL

SIGNATURE OF OFFICER

OR

VALIDATING STAMP

TITLE OF OFFICER

FOR PAYING AGENT OR CERTIFYING OFFICER

Note below the identification used by the presenter. *(See authorized Treasury guidelines.)*

Documentary identification (Description and date)

Account identification (No. and date established)

Personally identified by (Name, address and signature)

SIGNATURE OF IDENTIFIER

TERMS AND CONDITIONS

This bond is issued pursuant to Department of the Treasury Circular, Public Debt Series No. 1-80, which contains full particulars concerning the offering, including redemption value information. The bond is subject to the terms and conditions set forth in that Circular and in the governing regulations, Department of the Treasury Circular, Public Debt Series No. 3-80. Both circulars may be obtained from a Federal Reserve Bank or Branch or the Bureau of the Public Debt, Parkersburg, West Virginia 26101. THE BOND IS NOT TRANSFERABLE and may not be used as collateral.

PAYMENT INFORMATION

This bond is eligible for payment at any time after six months from its issue date. It is payable by any financial institution qualified as a paying agent to the registered owner or either coowner, who must duly establish his or her identity and sign the request for payment. It may also be paid, upon presentation, with the request for payment signed and duly certified, to a Federal Reserve Bank or Branch or the Bureau of the Public Debt, Parkersburg, West Virginia 26101. Officials and designated employees of paying agents are authorized to certify requests for payment.

SELECTIVE SERVICE SYSTEM
Registration Form

READ PRIVACY ACT STATEMENT ON REVERSE
PLEASE PRINT CLEARLY

—DO NOT WRITE IN THE ABOVE SPACE—

1 DATE OF BIRTH
Name of Month ____ Day ____ Year ____

2 SEX
☐ MALE
☐ FEMALE

3 SOCIAL SECURITY NUMBER
___ ___ ___ | ___ ___ | ___ ___ ___ ___

4 PRINT FULL NAME
Last ____ First ____ Middle ____

5 CURRENT MAILING ADDRESS
Number and Street ____
City ____ State or Foreign Country ____ Zip Code ____

6 PERMANENT RESIDENCE (If different than BLOCK 5)
Number and Street ____
City ____ State or Foreign Country ____ Zip Code ____

7 CURRENT TELEPHONE NUMBER
___ ___ ___ Area Code ___ ___ ___ ___ ___ ___ ___ Number

8 I AFFIRM THE FOREGOING STATEMENTS ARE TRUE
Today's Date ____ Signature of Registrant ____

Postal Date Stamp & Clerk Initials
☐ ID
☐ NO ID
☐ OTHER

SSS FORM 1 (JAN 82) (Previous Editions Will Not Be Used And Will Be Destroyed) OMB Approval 3240-0003

PA. INDIVIDUAL INCOME TAX RETURN—SHORT FORM 1985

PA 40A

(Taxable year January 1-December 31, 1985-Must be filed on or before April 15, 1986)
Make any corrections to preprinted "Social Security Number/Name/Address." Print or type all information.

OFFICIAL USE ONLY

YOUR SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER (Even if filing separate return)

Last Name | First name and initial (if joint return, enter both names)

Home Address

City or Post Office | State | Zip Code

☐ Check here if this is a change of address from last year's return

SCHOOL CODE (See Page 8)

SCHOOL DISTRICT NAME

OFFICIAL USE ONLY

FILING STATUS (Fill in entire block)
S ☐ Single
J ☐ Married—Joint return
M ☐ Married—separate return
F ☐ Decedent—Final return

RESIDENCY STATUS (Fill in entire block)
R (...) Resident
P ☐ Part-year resident
N ☐ Nonresident

PART-YEAR RESIDENT
From (Mo./Yr.)
To (Mo./Yr.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE

YOUR TELEPHONE NO.
Area Code ( )

YOUR SIGNATURE | DATE

OCCUPATION(S)
YOUR
SPOUSE'S

SPOUSE'S SIGNATURE (If a joint return, BOTH must sign even if only one had income)

Write Social Security Number on check or money order, payable to PA. DEPARTMENT OF REVENUE. Enclose copy of W-2 with this return

	GROSS COMPENSATION	Less EXPENSES From Sch UE-2	Equals	TAXABLE COMPENSATION	
	1a	1b	1c		
INTEREST AND DIVIDENDS		(Complete Schedule A and B if either is over $400.)	2		
PA. TAXABLE INCOME		(Add lines 1 and 2.)	3		
TAX 2.35% of LINE 3		(Multiply line 3 by .0235)	4		
TOTAL PA. INCOME TAXES WITHHELD		(From Enclosed W-2's)	5		
PA. ESTIMATED TAX PAYMENTS		(Include extension payments.)	6		
TOTAL CREDITS		(Add lines 5 and 6.)	7		
TAX DUE		(If line 4 is greater than line 7, enter the difference.)	8		
OVERPAYMENT		(If line 7 is greater than line 4, enter the difference.)	9		
AMT. OF LINE 9 TO BE REFUNDED		(Allow at least 6 weeks for refund check.)	10a		
AMT. OF LINE 9 TO BE CREDITED ON 1986 ESTIMATED TAX			10b		
AMT. OF LINE 9 to be DONATED to Wild Resource Conservation Fund			10c		

SCHEDULE UE-2—ALLOWABLE BUSINESS EXPENSES

PLEASE NOTE: You must file long form PA-40 and Schedule UE-1 if claiming Federal Form 2106 expenses, education expenses, moving expenses or office-in-home expenses [See instructions]

UNION DUES name and amount		
WORK CLOTHES (Explain)		
SMALL TOOLS (Explain)		
OCCUPATIONAL LICENSES or FEES		
TOTAL EXPENSES (Enter HERE and in block 1b on reverse side.)		

SCHEDULE A & B—INTEREST & DIVIDENDS

List payers and amounts if either is over $400 [If more space is needed—attach separate sheets]

INTEREST:		
DIVIDENDS:		
TOTAL INTEREST AND DIVIDENDS (Enter HERE and on reverse side—line 2)		

IF PREPARER IS OTHER THAN TAXPAYER ▶ I HAVE PREPARED THIS RETURN BASED ON ALL OF THE INFORMATION OF WHICH I HAVE ANY KNOWLEDGE.

SIGNATURE OF PREPARER | DATE | PREPARER'S TELEPHONE NUMBER ( )

72

73

PA. INDIVIDUAL INCOME TAX RETURN – SHORT FORM 49

Form **1040EZ**

Income Tax Return for Single filers with no dependents (0) **1985**

OMB No. 1545-0675

Name & address Use the IRS mailing label. If you don't have one, please print:

Please print your numbers like this.

1234567890

Your social security number

Print your name above (first, initial, last)

Present home address (number and street)

City, town, or post office, state, and ZIP code

Presidential Election Campaign Fund
Do you want $1 of your tax to go to this fund? ▶

Figure your tax

1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1

2 Interest income of $400 or less. If the total is more than $400, you cannot use Form 1040EZ. 2

Attach Copy B of Form(s) W-2 here

3 Add line 1 and line 2. This is your adjusted gross income. 3

4 Allowable part of your cash charitable contributions. See instructions for line 4 on back of this form. 4

5 Subtract line 4 from line 3. 5

1 040 00

6 Amount of your personal exemption. 6

7 Subtract line 6 from line 5. If line 6 is larger than line 5, enter 0 on line 7. This is your taxable income. 7

8 Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s). 8

9 Use the single column in the tax table on pages 31-36 of the Form 1040A instruction booklet to find the tax on your taxable income on line 7. Enter the amount of tax. 9

Refund or amount you owe

10 If line 8 is larger than line 9, subtract line 9 from line 8. Enter the amount of your refund. 10

11 If line 9 is larger than line 8, subtract line 8 from line 9. Enter the amount you owe. Attach check or money order for the full amount, payable to "Internal Revenue Service." 11

Attach tax payment here

Sign your return

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature Date

1040 U.S. INDIVIDUAL INCOME TAX RETURN (side 1) 51

For the year January 1-December 31, 1985, or other tax year beginning . 1985, ending . 19 | OMB No. 1545-0074

Use IRS label. Otherwise, please print or type.

Your first name and initial (if joint return, also give spouse's name and initial) | Last name | Your social security number

Present home address (number and street, including apartment number, or rural route) | Spouse's social security number

City, town or post office, state, and ZIP code | Your occupation | Spouse's occupation

Presidential Election Campaign ▶ Do you want $1 to go to this fund? Yes No
If joint return, does your spouse want $1 to go to this fund? Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. _____
4 ☐ Head of household (with qualifying person). (See page 5 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here. _____
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 6 of Instructions.)

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply

6a ☐ Yourself ☐ 65 or over ☐ Blind
b ☐ Spouse ☐ 65 or over ☐ Blind
Enter number of boxes checked on 6a and b ▶

c First names of your dependent children who lived with you _____ Enter number of children listed on 6c ▶

d First names of your dependent children who did not live with you (see page 6). _____ Enter number of children listed on 6d ▶
(If pre-1985 agreement, check here ▶ ☐ .)

e Other dependents:

(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of $1,040 or more?	(5) Did you provide more than one-half of dependent's support?

Enter number of other dependents ▶

Add numbers entered in boxes above ▶

f Total number of exemptions claimed (also complete line 36).

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 4 of Instructions.

7	Wages, salaries, tips, etc. (Attach Form(s) W-2.)		7
8	Interest income *(also attach Schedule B if over $400)*		8
9a	Dividends *(also attach Schedule B if over $400)* _____ 9b Exclusion _____		
c	Subtract line 9b from line 9a and enter the result		9c
10	Taxable refunds of state and local income taxes, if any, from the worksheet on page 9 of Instructions.		10
11	Alimony received		11
12	Business income or (loss) *(attach Schedule C)*		12
13	Capital gain or (loss) *(attach Schedule D)*		13
14	40% of capital gain distributions not reported on line 13 (see page 9 of Instructions)		14
15	Other gains or (losses) *(attach Form 4797)*		15
16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17 (see page 9).		16
17a	Other pensions and annuities, including rollovers. Total received 17a		
b	Taxable amount, if any, from the worksheet on page 10 of Instructions		17b
18	Rents, royalties, partnerships, estates, trusts, etc. *(attach Schedule E)*		18
19	Farm income or (loss) *(attach Schedule F)*		19
20a	Unemployment compensation (insurance). Total received 20a		
b	Taxable amount, if any, from the worksheet on page 10 of Instructions		20b
21a	Social security benefits (see page 10). Total received 21a		
b	Taxable amount, if any, from worksheet on page 11. Tax-exempt interest _____		21b
22	Other income (list type and amount—see page 11 of Instructions) _____		22
23	Add lines 7 through 22. This is your **total income** ▶		23

Please attach check or money order here.

Adjustments to Income

(See Instructions on page 11.)

24	Moving expense *(attach Form 3903 or 3903F)*	24	
25	Employee business expenses *(attach Form 2106)*	25	
26	IRA deduction, from the worksheet on page 12	26	
27	Keogh retirement plan deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid (recipient's last name _____ and social security no. _____)	29	
30	Deduction for a married couple when both work *(attach Schedule W)*	30	
31	Add lines 24 through 30. These are your **total adjustments** ▶		31

Adjusted Gross Income

32	Subtract line 31 from line 23. This is your **adjusted gross income.** *If this line is less than $11,000 and a child lived with you, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 13 of Instructions* ▶		32

APPLICATION FOR LEARNER'S PERMIT

DL-180 (7-84)

APPLICATION FOR LEARNER'S PERMIT AND DRIVER'S LICENSE

Print or Type All Information in Full

Commonwealth of Pennsylvania
Department of Transportation
Bureau of Driver Licensing
P.O. Box 8292
Harrisburg, PA 17105

A

Last Name	Jr. etc.	First Name	Middle Name	Age	Date of Birth Month	Day	Year	Sex

Street Address	City	State	Zip Code	Telephone Number Area Code ( )

B

Have you ever been licensed or privileged to operate a motor vehicle in this or any other state? Yes ☐ No ☐.
If yes, give year and name of state in which you last held such license or privilege _____
If you had a previous Pennsylvania Driver's License, explain why it was not renewed _____

Has your right to apply for such license or your privilege to operate in this or any other state ever been suspended or revoked? YES ☐ NO ☐. If yes, give place _____ date _____ and reason _____

If ever suspended or revoked, has your license, right to apply or operating privilege been restored? YES ☐ NO ☐
If yes, give date _____. Have you been arrested or cited (but not yet been acquitted, convicted, or pleaded guilty) in this or any other state for any violation which carries a possible penalty of suspension of your driver's license? YES ☐ NO ☐. If yes, give place _____ date _____ and reason _____

Are you able to understand warning or direction signals in English? YES ☐ NO ☐
Have you any mental or physical incapacity or infirmity. YES ☐ NO ☐. If yes, give particulars _____

Are there any UNPAID judgments resulting from a motor vehicle accident recorded against you in this or any other state? YES ☐ NO ☐. If yes, give State _____, County _____ and amount _____

(IF ADDITIONAL SPACE IS NEEDED ADD ADDITIONAL SHEET)

C

Circle Applicable Items Below	Enter Fee For Each Item Circled
Permit(s) Desired	FEE
CLASS 1	
CLASS 2	
CLASS 3	
CLASS 5	
CLASS 6	
License Required	FEE
4-Year Photo	
2-Year Photo Age 65 & over	
TOTAL FEES Enter sum & send check in this amount	

D

AFFIDAVIT OF CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE

COMPLETE IF APPLICANT IS LESS THAN 18 YEARS OF AGE

I hereby certify that I am the applicant's ☐Parent, ☐Guardian, ☐Person in Loco Parentis or ☐Spouse. I am at least 18 years of age. The statements made herein are true and correct to the best of my knowledge and this application is made with my full consent. Signature in this Section must be notarized.

SUBSCRIBED AND SWORN TO BEFORE ME

Month _____ Day _____ Year _____

_____
Signature of person administering oath

_____
Municipality County

_____
Commission Expiration Date

X _____
(Signature of Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age - in ink)

_____
(Print Name as it appears in Signature Above)

E

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

X _____
Applicant's Signature in Ink

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to $2,500 and/or imprisonment up to 1 year [18 PA. C.S., Section 4904(b)].

PHYSICAL EXAMINATION CERTIFICATION

F

PENNA. STATE POLICE EXAM REPORT

THIS IS TO CERTIFY THE EXAMINEE HAS:

X _____
Signature of Examinee

Note: Sign only in presence of Officer

✓ Check One:	Yes	No
20/70 vision or less in better eye with correction	☐	☐
Certificate of Visual Efficiency attached (form TS-102)	☐	☐
C V E Forwarded	☐	☐
Qualified	☐	☐

COMPLETE ONLY WHEN NECESSARY

Uncorrected		Corrected
20/	Right Eye	20/
20/	Left Eye	20/
20/	Both Eyes	20/

☐ Must wear Corrective lenses
☐ Other restrictions

VERIFICATION OF AGE AND IDENTITY
☐ BIRTH CERTIFICATE
☐ BAPTISMAL CERTIFICATE
☐ OTHER _____
Affidavit in English required for foreign language certificates.

Date	Signs	Laws	Init.	Results

X _____
Signature of Examining Officer

Date Badge No. Exam Center

G

PHYSICIAN'S REPORT OF EXAMINATION

PHYSICAL EXAMINATION OF THE APPLICANT DISCLOSES THE FOLLOWING:

	✓ Check One Yes	No
1. Neurological disorders such as to prevent reasonable control of a motor vehicle	☐	☐
2. Any Cardiac or Circulatory disorder including Hypertension such as to prevent reasonable control of a motor vehicle	☐	☐
Blood pressure reading: /	☐	☐
3. Neuropsychiatric disorders such as to prevent reasonable control of a motor vehicle	☐	☐
4. Conditions causing repeated lapses of consciousness, e.g., epilepsy, narcolepsy, hysteria, etc. (may be considered if episode free for one year with or w/o medication. Applicants between the ages of 16 and 18 must be seizure free for a period of at least 2 years)	☐	☐
5. Alcoholism	☐	☐
6. Narcotic Addiction	☐	☐
7. Uncontrolled Diabetics	☐	☐
A. Glycosuria	☐	☐
B. Acetonuria	☐	☐
8. Uncontrolled Epilepsy	☐	☐
9. List any other condition that would prevent control of a motor vehicle.		

10. Any recommendations or additional comments should accompany this Application on Physician's Letterhead.

11. Written comments given Applicant	✓ Check One Yes	No
	☐	☐

CHECK ONE: M.D. D.O.

Name of Examining Physician

Street Address

City State Zip

X _____
Signature of Examining Physician

Physician's License Number

NOTE: Sign only in presence of physician.

X _____
Signature of Examinee

[redacted]

DRIVER'S LICENSE RENEWAL APPLICATION

Type or Print all Information

PA Department of Transportation
Bureau of Driver Licensing
P.O. Box 8294
Harrisburg, Pennsylvania 17105

DL-143 (4-84)

PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE

A Information exactly as printed on CURRENT DRIVER'S LICENSE

LAST NAME	JR., etc.	FIRST NAME	MIDDLE NAME

DRIVER'S LICENSE NUMBER	DATE OF BIRTH Mo.	Day	Year	AGE	TELEPHONE NUMBER

B This Area For CHANGE or CORRECTION ONLY

ADDRESS CHANGE

New Street Address	City	State	Zip Code

NAME CHANGE

Last	Jr., etc.	First	Middle

REASON FOR CHANGE OF NAME (see reference on reverse side)

C

1. Are you requesting early renewal? If so, place an X in this block ▶ ☐
2. Do you hold a valid driver's license issued by any other state? ☐ YES ☐ NO
   If YES give: State _____
   Driver's License No. _____
   Expiration Date _____

OUT OF STATE LICENSE MUST BE ATTACHED TO THIS FORM. Pa. law requires that a driver possess no more than one driver's license from Pa. or any other state.

D FOR ARMED FORCES MEMBERS AND DEPENDENTS WHOSE LAST PA. DRIVER'S LICENSE EXPIRED MORE THAN 5 YEARS AGO – Expired PA Driver's License or renewal/application previously issued by the Bureau must be attached.

1. Are you an Armed Forces Member? ☐ YES ☐ NO
2. Were you an Armed Forces Member within the last 45 days? ☐ YES ☐ NO
3. Were you discharged or transferred to the Commonwealth within the last 45 days? ☐ YES ☐ NO
4. If an Armed Forces dependent, state relationship _____ (spouse, dependent child) who resides with _____ (Name of Armed Forces Member)
5. Date of entry into the Armed Forces _____
6. Date of Discharge _____

E CERTIFICATION (SIGN AND ENTER FEE)

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

APPLICANT'S SIGNATURE IN INK X _____

WARNING: Misstatement of Fact is a misdemeanor of the third degree punishable by a fine of up to $2,500 and/or imprisonment up to 1 year (18 C.P.S.A., Section 4904(b)).

FEE PAID Send Check in This Amount ▶

F REQUEST FOR EXEMPTION FROM PHOTO (See special NOTE on reverse side)

ABSENTEES: If you will be out of state during the entire next 60 days, you may renew your license by mail. Complete the application and the statement shown below. You will be required to obtain a photo license within 45 days of your return to the state.

EXEMPTION STATEMENT

During the entire next 60 days, I will be absent from the state for the following reason:

_____

Upon my return to the State, I will apply, within 45 days, for a driver's license containing my photo.

X _____
SIGNATURE HERE (Also sign in Section E)

☐ NUMBER OF APPLICATIONS COVERED BY BLANKET CHECK

FOR BUREAU USE ONLY

	FIRST SUBMISSION DOLLARS	CENTS		REENTRY DOLLARS	CENTS
1st Check			1st Check		
2nd Check			2nd Check		
Total Amount			Total Amount		

☐ REJECT

LIST ERROR CODE NUMBER(S)	

☐ SPECIAL HANDLING

LIST SPECIAL HANDLING CODE NUMBER(S)	

RECEIPT CONTROL

[redacted]

77

MV-140 (10-84) **REQUEST FOR REGISTRATION RENEWAL WHEN APPLICATION NOT RECEIVED**

PRINT OR TYPE ALL INFORMATION

VEHICLE DESCRIPTION

Title No.	Vehicle Identification No.	Make of Vehicle	Body Type	Registration Plate No.

APPLICANT INFORMATION

Last Name(s) or Company Name	First Name(s)	Middle Initial or Name(s)

CHANGE OF ADDRESS (Complete ONLY when reporting a change of address. LIST NEW ADDRESS.)

Street Address	City	State	Zip Code

☐ Number of Duplicate Cards Requested

INSURANCE INFORMATION

Insurance Company Name	Policy No.

Odometer Reading (exlcude tenths)

Phone: ( )
Area Code Number

Acknowledgement Required by 75 Pa. C.S. 1781

I/we acknowledge that my/our operating privilege or vehicle registrations, or both, may be suspended for:

(1) Failure to satisfy, within sixty days, any judgment arising from a motor vehicle accident, unless the Department is satisfied that financial responsibility was in force and effect at the time of the accident and is or should be available for satisfaction of the judgment;
(2) Failure to honor the terms of an agreement to pay such a judgment in installments;
(3) Failure to prove to the satisfaction of the Department that, at the time of an accident resulting in a judgment, financial responsibility was in force and effect and available for satisfaction of the judgment;
(4) Failure to maintain financial responsibility on a motor vehicle involved in an accident requiring notice to police;
(5) Failure to furnish proof of financial responsibility on a motor vehicle involved in a traffic offense that requires a court appearance;

and that if my/our operating privilege or registrations are suspended, they will not be restored unless I/we furnish proof of financial responsibility.

SIGN HERE IN INK X _____

SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

ALL SIGNATURES MUST BE NOTARIZED. SIGN ONLY IN THE PRESENCE OF AN OFFICER EMPOWERED TO ADMINISTER OATHS.

TYPE OR PRINT

A FIRST ASSIGNMENT

PURCHASER LAST NAME (or Full Business Name) | FIRST NAME | MIDDLE INITIAL | Purchaser's DIN (if applicable)

CO-PURCHASER LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET ADDRESS

CITY | STATE | ZIP CODE

SEAL

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH | DAY | YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

MUNICIPALITY | COUNTY

COMMISSION EXPIRES:

I/WE warrant this Certificate of Title and transfer ownership of this vehicle to purchaser(s) listed in this section, and certify that except as listed in Section C, this vehicle is not subject to liens or other legal claims.

I/WE certify to the best of my/our knowledge that the odometer reading is [ ][ ][ ][ ][ ][ ] and reflects the actual mileage of the vehicle described herein (check below if applicable).
Not to include tenths

☐ Differs from actual mileage for reasons other than calibration error and actual mileage is unknown. ☐ Mileage is over 99,999.

WARNING: An inaccurate odometer statement may make you liable for damages to your Transferee pursuant to § 409 (A) of the Motor Vehicle Information and Cost Savings Act of 1972.

SIGNATURE OF SELLER

X

SIGNATURE OF CO-SELLER

X

DO NOT SIGN UNLESS PURCHASER'S NAME AND ADDRESS APPEAR TO THE LEFT!

B SECOND ASSIGNMENT

PURCHASER LAST NAME (or Full Business Name) | FIRST NAME | MIDDLE INITIAL | Purchaser's DIN (if applicable)

CO-PURCHASER LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET ADDRESS

CITY | STATE | ZIP CODE

SEAL

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH | DAY | YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

MUNICIPALITY | COUNTY

COMMISSION EXPIRES:

I/WE warrant this Certificate of Title and transfer ownership of this vehicle to purchaser(s) listed in this section, and certify that except as listed in Section C, this vehicle is not subject to liens or other legal claims.

I/WE certify to the best of my/our knowledge that the odometer reading is [ ][ ][ ][ ][ ][ ] and reflects the actual mileage of the vehicle described herein (check below if applicable).
Not to include tenths

☐ Differs from actual mileage for reasons other than calibration error and actual mileage is unknown. ☐ Mileage is over 99,999.

WARNING: An inaccurate odometer statement may make you liable for damages to your Transferee pursuant to § 409 (A) of the Motor Vehicle Information and Cost Savings Act of 1972.

SIGNATURE OF SELLER

X

SIGNATURE OF CO-SELLER

X

DO NOT SIGN UNLESS PURCHASER'S NAME AND ADDRESS APPEAR TO THE LEFT!

C LIEN INFORMATION

FIRST LIEN AMOUNT | LIEN DATE | IF NO LIEN, CHECK ☐

FIRST LIENHOLDER

STREET ADDRESS

CITY | STATE | ZIP CODE

SECOND LIEN AMOUNT | LIEN DATE | IF NO LIEN, CHECK ☐

SECOND LIENHOLDER

STREET ADDRESS

CITY | STATE | ZIP CODE

D APPLICATION FOR TITLE

The undersigned hereby makes application for Certificate of Title to the vehicle described within this Certificate of Title, subject to the encumbrances and other legal claims set forth in Section C.

SEAL

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH | DAY | YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

MUNICIPALITY | COUNTY

COMMISSION EXPIRES:

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

X

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

X

When applying for title with a co-owner, other than your spouse, check one of these blocks. If no block is checked, title will be issued as "Tenants in Common"
A ☐ Joint Tenants with Right of Survivorship (on death of one owner, title goes to the surviving owner).
B ☐ Tenants in Common (on death of one owner, interest of deceased owner goes to his or her heirs or estate).

MV-4 (9-83)

BEST COPY AVAILABLE